



## FPC CE Registration Form

Last Name	First Name	Birth Date	Age	Grade Completed

Parent/s Names \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Do you send/receive text messages? Yes No **(circle one)**

Email Address: Home \_\_\_\_\_ Work \_\_\_\_\_

Church Affiliation \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_  
 (please use cell phone number, if available)

Relationship to child \_\_\_\_\_

Does your child/ren have any **medical needs** or **allergies** (including food) that may require attention during JAM/VBS? If yes, please indicate the child's name and need:

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**In case of medical emergency, First Presbyterian Church volunteer personnel are authorized to take my child to the hospital by ambulance at my expense.**

\_\_\_\_\_  
 Signature Date

Do your children current attend JAM youth program? Yes      No  
 If no, would you be interested in receiving information about JAM? Yes      No

Please provide your preferred email address if you would like to receive the First Presbyterian Church newsletter.  
 \_\_\_\_\_

**Please return this registration to:      First Presbyterian Church**

**PHOTO/VIDEO CONSENT AND RELEASE / MINOR**

I, (print name) \_\_\_\_\_ hereby give the Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners permission to make and use photographs, video and/or audio recordings of the minor child whose name is \_\_\_\_\_ of which I am the parent, legal guardian or legally authorized representative.

I understand that the photographs, recordings, image, voice and any quotes may be used for any and all purposes of the Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners including use on their web page, social media, cable and broadcast use without re-submission to me for approval. I understand that third parties accessing the web page can download this material, and I release Presbyterian Church (U.S.A.), its affiliated institutions, related entities and its ecumenical partners from any liability to me, my heirs or assigns in connection with or arising out of such downloading by third parties.

By my signature, I hereby certify that this release is fully understood by me and is entirely satisfactory.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

CONSENT TO EMERGENCY MEDICAL TREATMENT

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_ (hereafter the "minor child").

I give my consent to have my minor child participate in the following activity of First Presbyterian Church (hereafter "FPC"):

\_\_\_\_\_ (hereafter "the activity") on or about \_\_\_\_\_, 20\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume all risk to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release FPC, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless FPC, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_