

THE FORM – ALL SWARTHMORE PRESBYTERIAN CHURCH YOUTH MINISTRIES, 2017-2018

Youth's Name: _____ Grade: _____ DOB: _____

I hereby give permission for my child (named above) to participate in Swarthmore Presbyterian Church (SPC) youth ministries activities from September 1, 2017 to August 31, 2018 and release SPC from any and all liability to me or my child as a result of his/her participation. Also, I understand that SPC does not assume any responsibility for loss of, or damage to, personal property of participant. In case of emergency, if I cannot be reached, I give my permission to the adult leaders of this event to permit hospital personnel and/or a licensed physician to perform emergency treatments and inject or administer medications in conjunction with such emergency treatment. I also agree to allow the use of my child's picture from SPC activities to be used in SPC publications, in which they will not be identified.

Signature of Parent or Legal Guardian: _____ Date: _____

Parent or Parents (Stepparent or Guardian(s)): _____

Address: _____

Home Phone: _____ Parent Cell: _____ Whose? _____

Office Phone: _____ Parent Cell: _____ Whose? _____

Parent(s)/Stepparent E-mail: _____

Youth Cell: _____ Youth Instagram/Snapchat: _____

Youth E-mail: _____

Parent (& Stepparent) if different from above: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent(s)/Stepparent E-mail: _____

Please be as detailed as necessary. Please add a separate sheet as needed.

According to your child, what adult t-shirt size is s/he? S M L XL XXL XXXL

Are there any food restrictions for what your child should eat? (Allergies, gluten-free, vegetarian, vegan, etc.)

Is your child taking any medication that we should know about? (Reason, dosage)

Does your child have any non-food allergies or other medical concerns that we should know about?

Does your child have any physical, social, psychological, or educational challenges that we should know about? If so, please be in touch with youth ministries staff directly.

Insurance Information:

Insurance Carrier: _____ Plan Code: _____

Identification Number: _____ Group Number: _____

Primary Carrier (person under whose name the coverage exists): _____