

YOUTH Information Form, 2009-2010

Parents, with your young person, please fill out the information on both sides of this sheet and return to Ben Acton as soon as possible. Even if your young person is not a regular participant in Youth Activities, the church would still love to have this information on file for each youth of the church.

Name: _____ Parent's Names _____

Parent's E-mail: _____ Your E-Mail: _____

Phone#: (home) _____ (cell) _____ Facebook (Circle one) Y/N

Grade: _____ School: _____

Birthday (include year): _____ # of Siblings: _____ Are you: oldest, youngest, middle?

Things you do outside of School (sports you play, extracurricular activities, jobs, etc.):

Name Your Favorite... Food: _____ School Subject _____

Website: _____ Fun thing to do: _____

Kind of Music _____ Game: _____ Vacation Spot _____

Bible Story or Verse: _____

When I hear the word church I think or feel: _____

God is Like: _____

The thing I'm most excited about in the upcoming year is: _____

The most challenging thing about the upcoming year is: _____

Medical Release Form

Permission is hereby granted for _____ to participate in all youth activities sponsored by First Presbyterian Church between August 2009-August 2010, inclusive. Information will be provided concerning each activity, but this permission slip will be the only one needed for activities scheduled between the above dates. In granting this permission, First Presbyterian Church, its staff, and volunteers are released from any and all liability in the event of injury or accident. Adult sponsors/chaperones are given permission to drive children in their vehicles and also given permission to secure emergency medical treatment as may be required during the period covered by this permission slip. The cost of such treatment shall be borne by the undersigned.

Note: Please attach copy of back and front of medical insurance card.

CHILD'S NAME _____

ADDRESS _____

TELEPHONE _____

EMERGENCY CONTACT (NAME AND TELEPHONE)

SPECIAL MEDICAL CONDITION _____

ALLERGIES _____

DATE OF LAST TETANUS SHOT _____

PHYSICIAN _____

PHYSICIAN'S PHONE NUMBER _____

FATHER'S NAME _____

Place of employment _____ work # _____

MOTHER'S NAME _____

Place of employment _____ work # _____

INSURANCE COMPANY _____

POLICY NUMBER _____

Parents/Guardian Signature

Date