



# Children & Youth Ministries RELEASE & REGISTRATION FORM

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade in Fall 2021: \_\_\_\_\_ School: \_\_\_\_\_

Primary Family Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Primary Household Email: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Student's Instagram: \_\_\_\_\_

Please share any special considerations or allergies that would be helpful for us to know:

\_\_\_\_\_  
\_\_\_\_\_

## CHECK APPROPRIATE BOXES, THEN SIGN BELOW:

**Consent for Social Media Contact (Youth Ministries):** I hereby (please check appropriate box)  DO  DO NOT give permission to Youth Ministries staff to contact my child through social media networks (Facebook, Twitter, Instagram, etc.).

**Consent for Photography:** I hereby (please check appropriate box)  DO  DO NOT give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slideshows, LGPC website, and posters.

**COVID-19 Agreement:** COVID-19 is highly contagious and is known to spread mainly from person-to-person contact. By attending a Lake Grove's Ministry activity, you agree to abide by the procedures established by the church to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by COVID-19 either at the church, and/or outside of the church when gathered together. By signing below, you agree to assume all the risks of attendance and participation for you and your family, and you waive any liability against the church and any other parties. If your child or any members of your family are sick and experiencing the following symptoms (Fever, Cough, Shortness of Breath/Difficulty Breathing) you will not send your child to group activities. Please contact your medical provider for any questions about your illness symptoms, and to determine the safest way for you to receive medical care if it is needed.

**Medical & Liability Release:** I, the undersigned, being the parent or legal guardian of the above minor child do hereby fully authorize Lake Grove Presbyterian Church (LGPC), its trustees, elders, employees, agents, representatives, and volunteers to act on my behalf in the event my child is the victim of an accident, injury or illness that requires immediate medical or surgical care. Actions on behalf of my child shall include, but not be limited to, authorization for LGPC employees, staff, or other chaperones to arrange for such medical care as they deem appropriate, substantiated by local medical advice and to give any required consent for such medical care. I acknowledge that it is my responsibility to advise LGPC, in writing, of any allergies, medical problems or prescription medicine requirements that would be pertinent in the treatment of my child.

Important medical information (including medications): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO LAKE GROVE CHURCH**

**LAKEGROVEPRES.ORG**

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