

First Congregational United Church of Christ, Corvallis  
Children and Youth Spiritual Formation Program Registration 2019-20

**Family Info**  
(Complete one per family)

Child/Children/Youth Participant(s) (Name/Age or Grade):

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Parent(s)/Legal  
Guardian(s):

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\_\_\_\_\_ 's Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_ Text ok? Y or N

\_\_\_\_\_ 's Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_ Text ok? Y or N

\_\_\_\_\_ 's Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_ Text ok? Y or N

\_\_\_\_\_ 's Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_ Text ok? Y or N

Address Information:

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**Emergency Contact** (*another relative or responsible party*):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address:

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The Church's insurance policy asks that we have this info on file for children/youth in our care. If you do not have insurance your family will not be excluded from participation.

Medical Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Policy Holder's Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

If participating youth in the family have different insurance, please list

Medical Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Policy Holder's Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

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**Participant Release**  
(Complete one per family)

**Medical**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the children/youth ministry program activities at First Congregational United Church of Christ, Corvallis every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, **consent/permission is given for treatment by competent medical personnel.**

Further, and unless specified otherwise, **consent/permission is hereby given to all accompanying adult volunteer leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery** (under recommendation of qualified medical personnel).

I, the undersigned, who by law may do so, **authorize the administration of emergency medical treatment to they who are the subject of this form.** I understand that all reasonable safety precautions will be taken at all times by First Congregational United Church of Christ, Corvallis for any accident, injury, or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed, every attempt will be made to contact the person(s) listed immediately.

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Signature of Parent/Guardian

Today's Date

**Transportation**

I, the undersigned, **authorize the participation of the subject of this form in all activities relating to the program sponsored by First Congregational United Church of Christ, Corvallis.** Likewise, **I permit my child/children to ride in a vehicle with a licensed adult,** as necessary and appropriate for program activities. I understand that it is my responsibility to provide any updates to this information to First Congregational United Church of Christ, Corvallis during my child/children's participation in the youth program activities.

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Signature of Parent/Guardian

Today's Date

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Photo Release

We, the guardian and the participant, give First Congregational United Church of Christ, Corvallis **permission to use the participant's image in any publication materials that might be used to promote the ministry in the future**, understanding that First Congregational will not attach the participant's name to any image used.

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Signature of Parent/Guardian

Today's Date

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**Participant Info**

(Complete one for each student)  
\*Info will be shared with instructors

Student's Name:

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Email of parent/guardian(s):

\_\_\_\_\_

Phone number to text during church service if your child needs to find you:

\_\_\_\_\_

Health Information:

Allergies: \_\_\_\_\_

What reaction would occur: \_\_\_\_\_

Does child carry an epi-pen?: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

May First Congregational Children/Youth leaders give your child/youth any of the following medications to treat for minor aches, pains, and ailments as they should become evident:

	<b>YES</b>	<b>NO</b>
Tylenol	_____	_____
Advil	_____	_____
Benadryl	_____	_____
Anti-Itch Ointment	_____	_____
Sunscreen	_____	_____

\_\_\_\_\_

Office Use: Medical Release \_\_\_\_\_ Transportation Release \_\_\_\_\_ Photo Release \_\_\_\_\_