

# 2011-2012 The Presbyterian Church of Wyoming Children & Youth Registration Form & Medical Release Information

<p><b>My student has my permission to participate in the following activities:</b></p> <p>Please initial activities:</p>	<p><b>Sunday School Classes</b></p> <p><input type="checkbox"/> Nursery (0 to 3 yr old)</p> <p><input type="checkbox"/> Preschool-Kindergarten Class</p> <p><input type="checkbox"/> 1<sup>st</sup> &amp; 2<sup>nd</sup> Class</p> <p><input type="checkbox"/> 3<sup>rd</sup> &amp; 4<sup>th</sup> Grade Class</p> <p><input type="checkbox"/> 5<sup>th</sup>-6<sup>th</sup> Grade Class</p> <p><input type="checkbox"/> 7<sup>th</sup> Grade Class</p> <p><input type="checkbox"/> 8<sup>th</sup> Grade Class/Confirmation</p> <p><input type="checkbox"/> High School Class</p>	<p><input type="checkbox"/> <b>Tween Group</b></p> <p><input type="checkbox"/> <b>Jr. High Youth Group</b></p> <p><input type="checkbox"/> <b>Sr. High Youth Group</b></p> <p><input type="checkbox"/> <b>Super Wednesday Events</b></p> <p><input type="checkbox"/> <b>Confirmation Class</b></p>
--	---	--

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ t-shirt size: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

School Attends: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

**Parent Info:** \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #(s) \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell #(s) \_\_\_\_\_

\*Alternative Adult to contact in case parent cannot be reached: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Special Information**

Student's Primary Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Student's Primary Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Is student currently taking medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, what medications: \_\_\_\_\_

Is student allergic to any food or medications that cause allergic reaction? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what: \_\_\_\_\_

Any other special conditions that the PCW Staff or volunteers need to be aware of?

No \_\_\_\_\_ Yes \_\_\_\_\_

If so, explain: \_\_\_\_\_

## Consent and Release

Should injury or other reason require immediate medical treatment with respect to \_\_\_\_\_ during any/all events, I hereby consent to such medical treatment as presented by a qualified physician. I also hereby release, acquit and discharge the Presbyterian Church of Wyoming, its staff and volunteers, from any and all injuries and liabilities from whatever cause, which arise out of or are a consequence of any/all events that involve my child or youth.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Parent or Legal Guardian