

**FIRST PRESBYTERIAN CHURCH – MARSHFIELD, WI**  
**CHRISTIAN EDUCATION REGISTRATION FOR \*OFF CAMPUS ACTIVITIES**

Youth's First and Last Name \_\_\_\_\_

Youth's age \_\_\_\_\_ Youth's e-mail address \_\_\_\_\_

Medical concerns that you feel we should be aware of (i.e. allergies/reaction to allergy, physical limitations):

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

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**PARENT/GUARDIAN INFORMATION (please indicate primary custody holder if applicable)**

Mother's name/legal guardian \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's name/legal guardian \_\_\_\_\_

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

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION IF PARENTS/GUARDIANS ARE NOT AVAILABLE**

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

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

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

**FOR THE SAFETY OF YOUR YOUTH, PLEASE NOTE WHO MAY PICK UP YOUR YOUTH FROM THIS CHRISTIAN EDUCATION ACTIVITY.**

FOR ANY ACTIVITY WHERE TRANSPORTATION IS PROVIDED YOUTH WILL BE TRANSPORTED TO THE ACTIVITY IN A CARAVAN OF VEHICLES WITH APPROVED SAFE CHURCH POLICY APPROVED DRIVERS. ALL YOUTH MUST BE PICKED UP AT THE CHURCH PARKING LOT AFTER AN OFF CAMPUS ACTIVITY. **YOUTH WILL NOT BE DELIVERED TO THEIR HOME UNDER ANY CIRCUMSTANCES.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Off campus is anything which is being held away from the First Presbyterian Church property

**CONSENT INFORMATON:**

As parent/guardian of the above named youth, it is understood that:

- 1) It is our responsibility to notify the above named church office of changes to this information
- 2) Consents may be revoked at any time by submitting written notification to the above named church office.

**PHOTO/VIDEO USE PERMISSION:**

I \_\_\_ do \_\_\_ do not grant First Presbyterian Church, Marshfield, permission to publish photo/videos (may include electronic media) of the afore named youth. I understand that photos/videos will only be used to enhance the communication and ministry of our congregation by enlivening descriptions of youth group activities and that subjects will not be identified by name.

**CONSENT:**

I am the parent/guardian of the afore named youth and do hereby give my consent that my youth may participate in:

**Activity:** \_\_\_\_\_

I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity for my youth to participate in the activity described above (the “Activity”), I as the parent/guardian acknowledge and accept the risks of injury associated with participation in and transportation to and from the Activity. As the parent/legal guardian, I accept personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless First Presbyterian Church, any of its employees or any person assisting in this Activity for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of negligence of the church, its employees or those assisting, the Participant, or otherwise.

In the event an accident or an emergency medical situation should arise during the course of this Activity involving my youth, I hereby authorize the adult supervisor(s) to obtain medical assistance and treatment for my youth on my behalf. I specifically consent to allowing my youth to be transported to receive emergency care and to be responsible for all financial charges.

**Medical Care Contacts:**

Name of health care facility at which youth is normally treated: \_\_\_\_\_

Name of primary care Physician who treats youth routinely: \_\_\_\_\_

Name of dental facility: \_\_\_\_\_ Dentist’s name: \_\_\_\_\_

**Form must be hand signed:**

Parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_