

General Registration and Release Form

.....(name)

This form pertains to all activities and trips associated with the ministry of First Presbyterian Church, Tyler, TX. Your information will be held confidential and only shared when necessary at the discretion of the administrative church staff. This is for the protection and safety of all members or event/activity participants. This form must be updated annually. Please attach a copy of both sides of your medical insurance card.

PERSONAL INFORMATION

Name:..... Date of Birth: Gender (✓) Male Female
Age (if minor):..... School:..... Grade:.....
Street/Mailing Address:..... City:..... State:..... Zip Code:.....
Email:..... Home Phone:..... Cell:..... Text enabled: yes no
Baptized (✓) no Baptismal Date: FPC member (✓) yes no
T-shirt Size (✓): Youth Adult
church home? () ✓ yes no Friend of (name).....

PARENT/GUARDIAN: COMPLETE FOR YOUR MINOR CHILD

Parent/Guardian Name:..... Email:.....
Parent's Street/Mailing Address:..... City:..... State:..... Zip Code:
Home Phone:..... Cell:..... Work:.....

EMERGENCY CONTACT/MEDICAL/SPECIAL NEEDS INFORMATION

List any medical conditions, learning disabilities or special needs (ie: allergies, ADHD, Asperger's, dietary needs).....
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List medications you take on a regular basis.....
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.....

Emergency Contact Name:..... Contact No:..... Relationship:.....
Alternate Contact Name:..... Contact No:..... Relationship:.....
Physician's Name: Phone:..... Hospital:.....
Insurance Company:..... Phone:..... Policy No:..... Group No:.....

Please attach a copy of both sides of your insurance card.
My child does not/I do not currently have medical insurance. (✓) if this applies

MEDICAL/LIABILITY/MEDIA RELEASES

I acknowledge that the herein named person will be participating in activities and trips sponsored by the First Presbyterian Church of Tyler, Texas.
.....(initials)

I hereby release, discharge and indemnify First Presbyterian Church of Tyler, Texas, from all liabilities for damage, injury or illness to the above name participant or his/her property during his/her participation in these church sponsored activities and trips. In the event of illness or accident, if the parent, guardian, or emergency contact cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment, or hospital care.(initials)

Further, I agree(initials) to permit my/his/her name and likeness to be used in photographs, video, promotional materials or the First Presbyterian Church website as related to these activities and trips.

Name (parent/guardian if minor):..... Signature (parent/guardian if minor)..... Date:.....

For office use only:

Date received..... Received by (initials)..... Copies of insurance card (✓) yes no
Date copies to (date/initials): Associate (CE)...../..... Director (Students)/..... Membership/.....