

**Poulsbo Community Church (PCC)  
Youth Ministry Registration Form  
2011**

**Registration for:** Youth Ministry - *Please Circle Current Grade*   **6   7   8   9   10   11   12**

Participant's Name: \_\_\_\_\_ Sex: M   F

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone #/Alternate Phone #: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Year (from High School) \_\_\_\_\_

Parents'/Guardian's Name(s): \_\_\_\_\_

Child lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

***Performance/Publication/Media Rights Release***

Recognizing that all items listed below are strictly for the purpose of promoting Poulsbo Community Church programs:

- I give permission for my child to participate in all youth activities at Poulsbo Community Church including any public performances.
- I give permission for my child to perform creative works publicly at any activities sponsored by or arranged by Poulsbo Community Church (i.e. functions for parents, banquets, plays, etc.) In turn, I give Poulsbo Community Church the right to publish and copyright any and all creative works generated by my child in the following media: website, book, newspaper, magazine, radio, television, video, digital media, etc. (This may include recording performances at events like those mentioned above.)
- I further permit Poulsbo Community Church to use any photographs, video images and sounds, and/or audio sounds of my child for the purpose of promoting PCC's programs.
- I forfeit the right for me or my child to be compensated for any of the above.

***Permission to Participate in Biblical Teaching***

- YES, I understand that biblical teaching is part of PCC's programs and give permission for my child to participate in biblical teaching while at any PCC program or function.**

***Release of Liability***

In case of any accident or illness during any PCC activities or during transportation to or from one of these activities, I agree to release PCC, its employees and volunteers from all liability.

I have read, understood and agreed to all of the above.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Poulsbo Community Church (PCC)  
Medical Information**

Participant's Name: \_\_\_\_\_

Parent/Guardian Phone #s Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ ID# \_\_\_\_\_

Family Doctor or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

List any Allergies: \_\_\_\_\_

Date of last Tetanus (DPT): \_\_\_\_\_

Person (not living with family) to contact in an emergency (when parent cannot be reached): *This must be complete.*

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

*Please notify PCC of any medications that your child needs to take during any of PCC's programs. All medication must be given to an adult PCC staff member/ministry team leader/youth leader and will only be administered by a designated PCC adult leader unless prior arrangements are made and agreed to by parents and staff. List all restrictions or special attention needed, medicine that must be administered, etc. \*Please attach/ send doctor's note if applicable.*

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

**Medical Release/ Permission for Treatment/ Participant release form for PCC to administer medication**

I give authorization for PCC staff members and youth leaders to administer the above medication(s) and any others in writing at a future date as authorized or directed by a doctor, parent, and/or guardian. I agree to release PCC from any liability related to medications which are permitted to be administered as noted above.

I, the undersigned parent/guardian of \_\_\_\_\_, (*print child's name*) a minor, do hereby authorize all volunteers and employees of Poulsbo Community Church as a agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical and/or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or surgeon or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable. I also agree to release PCC, its staff and volunteers from any financial responsibility related to any and all such diagnoses, treatment or hospital care mentioned above.

I have read, understood and agreed to the information above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

*Note: All of the above releases will remain in effect until **through January 31, 2012** unless revoked sooner in writing to Poulsbo Community Church:*