

**Covenant United Presbyterian Church and Preschool
Registration for Children and Youth – Side 1 of 2**

Please complete one form per child/youth; submit to Jennifer Langlois, Karen Karcher, or the church office. This form will be kept on file for all 2018-2019 activities and will be accessible only to authorized personnel.

Student's Name _____ Birthday _____ Gender _____

Grade entering Sept. '18 _____ Please identify preschoolers as "PreK 3 yrs" or "PreK 4 yrs" for Sept. '18.

Allergies? _____

Check if your student carries emergency: EpiPen or AuviQ Rescue Inhaler Glucose Other

If other, please identify: _____ (Separate medication form will be provided.)

Does your student wear: glasses contact lenses Date of last tetanus shot: _____

Is your student: good swimmer fair swimmer non-swimmer

Are there other health or behavioral issues that may affect participation in activities with children and youth?

Is there anything else we should know about your child/youth? _____

Parent/Guardian 1: _____

Mailing Address: _____

Email Address: _____ Does student reside with this parent?

Parent/Guardian 2: _____

Mailing Address: _____

Email Address: _____ Does student reside with this parent?

Phone Numbers in order of preference:

1: _____ Circle: home Parent1 cell Parent2 cell Parent1 work Parent2 work

2: _____ Circle: home Parent1 cell Parent2 cell Parent1 work Parent2 work

3: _____ Circle: home Parent1 cell Parent2 cell Parent1 work Parent2 work

Emergency Contact _____ Phone Number _____

Relationship to Child _____ Alt. Phone Number _____

Primary Care Physician _____ Phone Number _____

**** Please attach a copy of insurance card, front and back.**

Covenant United Presbyterian Church and Preschool Registration for Children and Youth – Side 2 of 2

This form will be used for all regular events planned for Covenant's Preschool and CUPC children/youth ministries and any accompanying planned off-site events related to those programs. Parents will be notified in advance if children/youth will be meeting at or going to a location different than the usual program space. Additional trip-specific forms may be required.

For Youth Grades 6 and Up:

Student Cell Phone _____ Student Email _____

I agree that Covenant United Presbyterian Church staff and volunteers may use cell phones and social media (e.g. texting, Facebook, Instagram, Twitter, etc.) to communicate with my child for purposes related to youth ministry and its activities at Covenant United Presbyterian Church. I recognize I may revoke this consent with a written letter at any time, and that if I have any concerns with the way social media is being used with my child I will report it to CUPS staff.

Parent/Guardian Signature _____ Date _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor and have given our consent for him/her to attend events being organized by the children and youth ministries of Covenant United Presbyterian Church. I/We understand that there are inherent risks involved in any ministry or related event, and I/We hereby release Covenant United Presbyterian Church, its Pastors, employees, agents, and volunteer works from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Covenant United Presbyterian Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided on the following page is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Parent/Guardian Signature _____ Date _____

I understand the transportation to and from events might be by private car driven by CUPC staff member or volunteer cleared by our Child/Youth Protection Program. I agree that the church will not be held responsible in case of accident. I agree that the driver will not be held responsible in case of accident.

Other adults(s) authorized to pick up student from church activities (please use additional form if needed):

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

I understand that photos/video may be taken of my child during this activity. I agree that any pictures of my child taken at the activity may be included, without identifying information, in brochures and posts for promotional purposes. I also give consent for pictures of my child to be posted on the church website, Instagram, Facebook, etc.

Parent/Guardian Signature _____ Date _____

I understand that the student/participant is covered by health insurance.

Parent/Guardian Signature _____ Date _____