

Please use this form to register all youth from Grade 6 through Grade 12

Parent/Guardian Information

Parent's/Guardian's Name, Relationship, Home Phone, Cell Phone, Work Phone, Email Address, Address, City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact, Secondary Emergency Contact, Home Phone, Work Phone, Address, City, ST ZIP Code

Photo Release

I hereby grant permission to First Presbyterian Church, Richmond to use my child's photograph on their website, multimedia, or in other official organization printed publications. I also acknowledge that First Presbyterian Church, Richmond may choose not to use my child's photo at this time, but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published with the photograph.

Parent's/Guardian's Signature, Date

Medical Information

Insurance Company Name, Policy/Group Number, Insurance Company Address, Insurance Company Phone Number, Policy Holder Name, Work Phone Number

I give permission for my child/children to participate in Sunday School, Youth Fellowship, Special Events, and/or Choir program(s). In case of emergency, I understand that every effort will be made to contact the parents, guardians, or alternate contact of the registered child. In the event that I cannot be reached, I give permission to the physician selected by First Presbyterian Church to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child. I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release First Presbyterian Church, its employees, and volunteers from any responsibility for injuries or illness occurring as a result of or coincidental to my child's participation in these programs.

Parent's/Guardian's Signature, Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN TO OFFICE OR YOUTH STAFF

Please make as many copies of this page as you require.

### Youth Information

Student's Name _____	Date of Birth _____	M F Gender
School Attending _____	Grade _____	Baptized? _____ Confirmed? _____
Student's Email Address _____	Cell Phone Number _____	
May this student receive text messages with youth group info? <input type="checkbox"/> Yes <input type="checkbox"/> No	Facebook Profile? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Which worship service does this student *normally* attend?

- 8:30am Traditional
- 11am Traditional
- 11am Open Door
- Bedside Baptist

School/Extracurricular Activities	
Fall	Spring
_____	_____
_____	_____
_____	_____

How connected is this student to the FPC Youth Ministry?

- Very Connected
- Somewhat Connected
- Marginally Connected
- Would Rather Eat Nails

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sibling's Names/Grades \_\_\_\_\_

Member of Youth Ensemble? \_\_\_\_\_ Plays a musical instrument? \_\_\_\_\_

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Sibling's Names/Grades \_\_\_\_\_

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