



Note: Any of the information given in this form may be changed in writing at any time. Be sure to *date* any change.

**Participant Information (please print in blue or black ink only)**

Full name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Male  Female Date of birth \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Parent/guardian information**

Parent/guardian name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

Parent/guardian name \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

**Emergency contacts (other than parents)**

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**Please check any of the following that apply:**

- My child has permission to walk home alone at the end of youth events.*
- My child has permission to ride home with another parent.*
- My child has permission to ride home with another licensed youth.*
- I will meet my child at the end of youth events.*

## Medical information

Full name of minor \_\_\_\_\_

Birth date \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Family dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Name of insured person \_\_\_\_\_

Policy number \_\_\_\_\_ ID number \_\_\_\_\_

### If applicable, please describe in detail (submit this information in writing and attach it to this form):

- The nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware.
- Any action of protection that may be necessary due to the above condition(s).
- Names/dosages of medications that are needed due to the above condition(s).
- Any major illnesses the child has experienced during the last year.
- Any reasons why this child's activities should be restricted.
- Any other special need, **including dietary**.

### Check the following areas of concern for this participant (if necessary, add another page with details):

1. For your child's safety and our knowledge, what is the swimming ability of your participant?

*good swimmer*       *fair swimmer*       *non-swimmer*

2. Does your child have allergies to any of the following?

*pollens*     *medications*     *food*     *insect bites*     *other* \_\_\_\_\_

3. Does your child suffer from or has ever experienced or is currently being treated for any of the following?

*asthma*     *epilepsy/seizure disorder*     *heart trouble*     *diabetes*     *frequently upset stomach*

*physical handicap* \_\_\_\_\_

4. Does your child wear:       *glasses*       *contact lenses*

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN RELEASE FORM (to be completed by parent/guardian)**

I/we, the undersigned, have legal custody of the participant named on this form, a minor, and give our consent for \_\_\_\_\_ to participate in the activities of the youth program of Newberg Friends Church from July 1, 2009, to July 1, 2010. I give my permission to engage in all activities **except as noted on the back of this form.**

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that the parent/guardian cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care that is deemed advisable in the best judgment of the physician. I/we agree to hold such medical personnel free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I affirm that the health insurance information provided in this form is accurate at this date and will, to the best of my knowledge, still be in force for the participant named above. I also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance provider.

I/we understand that there are inherent risks involved in any ministry or athletic event. I hereby indemnify, agree to hold harmless, and waive any claim against Newberg Friends Church, its pastors, employees, agents, and volunteer workers, and each of them, for any and all past, present, or future loss to property, and/or bodily injury resulting from any activities engaged.

I understand that I am responsible for arranging this young person's transportation to and from events (even if dismissed prior to the official end of the event due to illness or if deemed necessary by the youth ministry staff member). I  do  do not give permission for photographs or video of my child to be used by the church for promotional or other purposes.

Signature/date \_\_\_\_\_

Signature/date \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Relationship to participant \_\_\_\_\_

**COMMUNITY AGREEMENT FOR ALL PARTICIPANTS (to be completed by youth participant)**

For your information, following are the expectations we have for each of the participants in the youth activities of NFC. Note: to help make these activities a positive experience for everyone involved, participants who fail to comply with these expectations may be sent home at the expense of the parent/guardian).

- Participation with the group and being on time for all gatherings.
- Respect for property; treat indoor space appropriately.
- Respect for the efforts of others.
- Respect for other participants' opinions, possessions, and bodies.
- Respect shown to staff and other adults working with youth.
- Speaking with courtesy and respect to all; no foul language.
- Disruption that takes away from activity time does not respect the rights of others to have a positive experience.
- No possession or use of alcohol, drugs, tobacco or weapons at youth activities will be tolerated, and will result in the participant being sent home immediately.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters, and no girls in boys' sleeping quarters.
- Do not leave the event site without the permission of an adult advisor/sponsor.

*I understand that these expectations are meant to make the events of Newberg Friends Church the best, safest, most fun and most positive for everyone and that if I violate any of them, the leadership/sponsorship team will have the authority to determine appropriate consequences. I have read and agree to abide by these expectations.*

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

