

# Sussex Christian Reformed Church

Youth Registration Form | Effective dates: 09/24 to 09/25

*Please print in ink.*

**Child 1's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

*Signing Up For:*  Sunday School/Catechism  Cadets  GEMS  Jr. High YG  Sr. High YG

**Child 2's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

*Signing Up For:* Sunday School/Catechism Cadets GEMS Jr. High YG Sr. High YG

**Child 3's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

*Signing Up For:*  Sunday School/Catechism  Cadets  GEMS  Jr. High YG  Sr. High YG

**Child 4's Name:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Home Church: \_\_\_\_\_

*Signing Up For:*  Sunday School/Catechism  Cadets  GEMS  Jr. High YG  Sr. High YG

**Parent/Guardian 1:** \_\_\_\_\_ Relation to child(ren): \_\_\_\_\_

**Parent/Guardian 2:** \_\_\_\_\_ Relation to child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Any additional contact information: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION (If different from parent/guardian)**

Emergency Contact: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

***Please Fill Out Next Page [Flip Over]***

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

1. Are there any allergies you feel we should be aware of?

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_ Has Epi-Pen

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_ Has Epi-Pen

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_ Has Epi-Pen

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_ Has Epi-Pen

2. Does your child suffer from, has ever experienced, or is being treated for any medical conditions that you believe we should be aware of?

Child's Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Condition: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Condition: \_\_\_\_\_

3. Please list any additional information (medical or otherwise) you believe we should be aware of:

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

**PHOTOGRAPHY WAIVER:** I understand that my child's photograph may be taken during the course of youth ministry meetings & events. By signing below I provide consent for his/her picture to be used in either print or electronic form for public promotions.

**PARTICIPATION CONSENT:** 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 SCRC. I/We understand that activities may include, but are not limited to: Bible studies, student conferences, mission trips, service projects, small group trips, and various fellowship activities. I/We also give the leaders of the SCRC permission to transport my child to & from offsite events when necessary. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to their Youth Leaders prior to that event.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL RELEASE:** *I/We also understand that there are inherent risks involved in any ministry and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers 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 SCRC, 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 that medical care not be reimbursed by the health insurance provider. 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.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Sussex Christian Reformed Church

## Youth Registration Form

Effective dates: 09/24 to 09/25

Fill out only if your child is in Jr. or Sr. High Youth Group:

Student's Name: \_\_\_\_\_

### YOUTH GROUP CODE OF CONDUCT:

- No possession or use of alcohol, drugs, or smoking of any kind
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive language
- No PDA (Personal Displays of Affection)
- Wear clothing that is modest and in keeping with Christian values.
- Participation with the group is expected.
- Respect property
- Respect one another and adult leaders
- Respect and comply with all event schedules and rules

NOTE: Students who fail to comply with these expectations may be sent home at their parents' expense.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_