

Sussex Christian Reformed Church

Youth Registration Form | Effective dates: 09/21 to 09/22

Please print in ink.

STUDENT INFORMATION

Student's Name: _____ Age: _____ DOB: ___/___/___

School: _____ Grade: _____ Cell #: _____

Email: _____ Home Church: _____

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

Student's Name: _____ Age: _____ DOB: ___/___/___

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PARENT/GUARDIAN INFORMATION

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 #: _____

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, lock-ins, 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: _____

Please Fill Out Next Page [Flip Over] →

STUDENT MEDICAL INSURANCE & PHYSICIAN INFORMATION

Medical Insurance Provider: _____ Policy #: _____

Physician: _____ Office phone: _____

Dentist: _____ Office phone: _____

1. For your child's safety and our knowledge, is your child a:

Child's Name: _____ good swimmer fair swimmer non-swimmer

Child's Name: _____ good swimmer fair swimmer non-swimmer

Child's Name: _____ good swimmer fair swimmer non-swimmer

Child's Name: _____ good swimmer fair swimmer non-swimmer

2. Please describe any allergies your child(ren) might have an if they have an Epi-Pen.

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

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

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

Child's Name: _____ Condition: _____

4. Child's Name: _____ Date of last tetanus shot: ____/____/____

Child's Name: _____ Date of last tetanus shot: ____/____/____

Child's Name: _____ Date of last tetanus shot: ____/____/____

Child's Name: _____ Date of last tetanus shot: ____/____/____

5. Do(es) your child(ren) wear any eye gear?

Child's Name: _____ Glasses/Goggles Contacts None

Child's Name: _____ Glasses/Goggles Contacts None

Child's Name: _____ Glasses/Goggles Contacts None

Child's Name: _____ Glasses/Goggles Contacts None

6. Please list any additional medical information you believe we should be aware of:

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: 09/21 to 09/22

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 tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive language
- No PDA (Personal Displays of Affection), hand holding, romantic kissing, or cuddling.
- 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: _____