



Youth Ministries RELEASE & REGISTRATION FORM

Today's Date: _____

Student's Name: _____ Gender: M F

Address: _____ City and Zip: _____

Date of Birth: _____ Grade in Fall 2020: _____ School: _____

Primary Family Phone: _____ Student's Cell Phone: _____

Father/Guardian Name: _____ Work or Cell Phone: _____

Mother/Guardian Name: _____ Work or Cell Phone: _____

Primary Household Email: _____

Student's Email: _____

Student's Instagram: _____

Please share any special considerations or needs that would be helpful for us to know (For example: recent death of parent or sibling? Learning disability? Recent divorce / separation? etc.)

List student's interests, hobbies, clubs, teams, etc.:

CHECK APPROPRIATE BOXES, THEN SIGN BELOW:

Consent for Social Media Contact: I hereby (please check appropriate box) DO DO NOT give permission to Youth Ministries staff to contact my child through social media networks (Facebook, Twitter, Google Plus, etc.).

Consent for Photography: I hereby (please check appropriate box) DO DO NOT give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slideshows, LGPC website, and posters.

COVID-19 Agreement: COVID-19 is highly contagious and is known to spread mainly from person-to-person contact. By attending a Lake Grove's Ministry activity, you agree to abide by the procedures established by the church to protect attendees and staff, and you voluntarily assume the risk that you and/or your family may be exposed to or infected by COVID-19 either at the church, and/or outside of the church when gathered together. By signing below, you agree to assume all the risks of attendance and participation for you and your family, and you waive any liability against the church and any other parties. If your child or any members of your family are sick and experiencing the following symptoms (Fever, Cough, Shortness of Breath/Difficulty Breathing) you will not send your child to group activities. Please contact your medical provider for any questions about your illness symptoms, and to determine the safest way for you to receive medical care if it is needed.

Medical & Liability Release: By signing below, I authorize paid or volunteer program staff of Lake Grove Presbyterian Church to obtain emergency medical care for my child if I (parent/guardian) cannot be readily reached in an emergency. I also agree that neither Lake Grove Presbyterian Church nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child participating in a LGPC activity and I indemnify and hold LGPC harmless from any such claim.

Parent/Guardian Signature

Date