

# Grace Point Youth Ministry

## Event Registration and Release

Name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

1<sup>st</sup> Time Visitor    2<sup>nd</sup> Time Visitor    Regular Attender

If you came with a friend, their name is \_\_\_\_\_.

Do you regularly attend another church? Y/N   If so, what church? \_\_\_\_\_

Would you like to receive news and info from GPYM?  Emails  No thanks.

### **Emergency Contact Person:**

Parent/Guardian Name \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

Name of Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

**See Back Page for Signed Release Statement and Health History**

**Health History:**

Any pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

\_\_\_\_\_

Any allergies, including food or medication: \_\_\_\_\_

**Signed Release Statement**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

When events involve food, I understand that Grace Point will try to accommodate food allergies. However, I understand that it is up to my child to understand their own allergies and what he or she can and should eat. If my teen arrives at an event that involves food, and my child has food allergies and is unable to eat what is provided, he or she will notify Grace Point staff, so that they can do their best to provide my child with adequate food.

I understand all reasonable safety precautions will be taken at all times by the Grace Point Church of the Nazarene and its agents during the events and activities. I understand the possibility of risk. I agree not to hold Grace Point Church of the Nazarene, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred by the subject of this form.

I give Grace Point Youth Ministry the permission to take my child to Grace Point activities and events. In the event that my child's behavior becomes a problem, I agree to pick my child up regardless of the time and location.

Signature of Parent/Legal Guardian \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_