



Memorial Park EPC

Love People. Know Jesus. Live Transformed.

Family Ministries: Child & Youth Registration Form

This permission form will be kept on file in the church office for one year. If I would like to withdraw my permission, I may do so at any time.

STUDENT INFORMATION >>

Student Name: _____

Gender: Male Female Birthdate: _____ Grade: _____ Age: _____

Address: _____

Parent/Guardian(s): _____ Phone: _____

EMERGENCY CONTACT INFORMATION>>

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL AND DENTAL INFORMATION >>

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Does your child have any known food allergies? Yes No

If yes, please complete the detailed allergy form and submit along with this form.

Other pertinent medical information (Describe any conditions or disabilities your child has, including but not limited to AD/HD, asthma, diabetes, dizziness/fainting, heart problem, PDD, seizures, special needs, etc.):

HEALTH INSURANCE INFORMATION >>

Insurance Carrier: _____ Name of Insured: _____

Policy Number: _____ Group Number: _____

Phone Number: _____ Preferred Hospital: _____

Memorial Park EPC

8800 Peebles Road, Allison Park, PA 15101
(412) 364-9492 | mpcepc.org

Children/Youth Medical and Liability Release

Over the course of church activities, children may be engaged in activities that include, without limitation, various crafts, interactive games involving running, jumping, climbing and other sports-related physical activity. Although Memorial Park Church (MPC) will use reasonable efforts to minimize risks, participation will expose children to the possibility of accidents, including, but not limited to cuts, sprains, abrasion, and other minor injuries. The undersigned parent or legal guardian of the child above hereby voluntarily consents to the child's participation in all activities except as otherwise specified in writing. Furthermore, the undersigned hereby forever releases, acquits, discharges, and agrees to hold harmless MPC and its agents, employees, directors, officers, successors, assigns, and volunteers, from any and all claims, demands, actions and causes of action of any sort, for personal injury or damage to property arising out of or sustained during the child's presence on the MPC property. MPC is not responsible for the loss or theft of personal belongings. Misconduct at an event may result in the transportation home from an activity by the parent or guardian. The undersigned hereby certifies that he/she has read the foregoing and has been fully informed of the risks involved in the child's participation in ministry events.

In the event of a minor illness or injury, I understand that my child will receive BASIC FIRST AID. I hereby give my permission for ministry staff or volunteers to administer first aid as they deem fit for the safety of my child. In the event of a medical emergency, I understand that every effort will be made to contact a parent or guardian. In the event that I cannot be reached, I hereby give my permission to the ministry staff or volunteers to seek medical attention for my child. I also give permission to the hospital and/or physician secured by the church to hospitalize, to provide appropriate treatment for my child as his/her illness or injury warrants.

I give permission to the above.

I do not give permission to the above.

Child(ren)'s Name(s): _____

Both parents/guardians must sign this form.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Children/Youth Media Release

From time to time, Memorial Park Church activities may be photographed, videotaped, or recorded. My signature below indicates my understanding that my child(ren) may be photographed, filmed, or recorded when participating in church activities, and that these images, videos, or recordings may be used to promote church activities in print or online. I understand that my child(ren)'s name will not be used to identify my child(ren).

I also acknowledge the limitations of removing content from the world wide web and that it may never be fully achieved due to the ease of distribution through third parties, and that 100% removal is beyond the control of Memorial Park Church and its staff. Memorial Park Church will be responsible for removing requested content in a timely manner from its own online channels or pages including, but not limited to, YouTube, Memorial Park's website, MPC Mobile App, and Facebook. Memorial Park does not claim responsibility or control of distributed content beyond these mediums.

If I do not wish my child(ren) to appear in photos, videos, or recordings, I understand that this may limit their participation in certain church activities. While Memorial Park will make every reasonable effort to comply with my wishes, I understand that it is my responsibility to ensure my child(ren)'s non-participation in any activities that will be photographed, filmed, or recorded, especially live-streamed events.

I give permission to the above.

I do not give permission to the above.

Child(ren)'s Name(s): _____

Both parents/guardians must sign this form.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____