

**Ken Mawr United Presbyterian Church (KMUPC) - Children & Youth Registration 2020-2021**  
**(Sunday School, Work Camp, Children & Youth Groups & Related Activities)**

Child/Youth Name: \_\_\_\_\_ Birth date: MM/DD/YYYY \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

Custodial care: Mother \_\_\_ Father \_\_\_ Both \_\_\_ If other, describe: \_\_\_\_\_

Contact Info (you may include your child/youth's cell phone)

Contact Name	Relationship	Phone #	Type of phone home/cell	Use this number for text notifications?

Email Contact Information for Notifications (you may include your child/youth's email)

Contact Name	Email Address for notifications

**Photo Release Consent                      Circle: Yes or No**

Normal use of photos may include distributing pictures via email or text to parents and/or other members or use on the church's website, Facebook page, and/or other publications

**General Permission to Participate in Registered KMUPC Activities: Circle: Yes or No** (require a permission slip for each event)

I agree to register my child/youth for activities through the indicated means for the activity which may include SignUpGenius, email, or other mechanism. I give KMUPC permission to use this form as permission for my child/youth to participate in activities without an additional permission slip and agree to stated activity fees and rules.

**Code of Conduct**

I will cooperate with the adult(s) in charge, respect the people and places with which I come in contact, strive to apply Christian principles to everything I do, participate in activities, be responsible for my personal belongings and equipment, observe all safety regulations, clean-up after myself and help others. I understand that if I am involved in any unacceptable behavior, my parent may be notified and I may be sent home. I understand that if I am sent home, it will be my parents/guardians' responsibility to pick me up any time of the day or night and that any additional expenses incurred will be their responsibility. No refunds will be provided.

Child/Youth's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\*\* Please continue with this form on page 2 \*\*

**Ken Mawr United Presbyterian Church (KMUPC) - Children & Youth Registration 2020-2021**  
***(Sunday School, Work Camp, Children & Youth Groups & Related Activities)***

Child/Youth Name: \_\_\_\_\_

**Allergies/Dietary/Medical/Other:**

List any allergies & medical conditions (include the reaction and treatment if applicable):

\_\_\_\_\_

List any restrictions or anything else that could be helpful for us to know (medical, social, custodial, etc)?

\_\_\_\_\_

**Permission for Over-the-Counter Medication:**

I hereby give permission for my child/youth to receive the **medications circled below**

Advil/Ibuprofen

Benadryl

Aloe Vera gel

Tylenol/Acetaminophen

Tums/Maalox

Calamine Lotion/Poison Ivy medicine

Parent/guardian Name (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to use and carry self-administered emergency medication**

I confirm that my child/youth has the knowledge and skills to safely have readily available and self-administer the indicated emergency medication as medically necessary at activities. They need to notify the leader if they have to use their medication. Please circle all the apply:

Asthma Inhaler

Epinephrine Pen

Other: \_\_\_\_\_

N/A \_\_\_\_\_

Parent/guardian Name (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Participation Waiver**

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. While it is not possible to eliminate all risk of any and all bodily injury, personal injury, emotional injury, or property damage (collectively known as "injuries"), KMUPC strives to take necessary precautions and comply with guidelines from the federal, state, and local governments, CDC, as well as the PA DOH to reduce the risks to participants of injuries. KMUPC reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of injuries. I understand that some activities may include off-site activities and/or transportation to off-site locations. I/We agree not to hold KMUPC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/guardian Name (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to Provide Necessary Treatment or Emergency Care:**

I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by leaders and chaperones of KMUPC to secure and administer treatment, including hospitalization for the person named below.

Parent/guardian Name (signature): \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that I have read both pages of this form and I agree to the items as I have indicated. This form is complete to the best of my knowledge, and the person herein described has permission to engage in all program activities, except as noted. This completed form may be photocopied and stored electronically for KMUPC children and youth leadership.

Parent/guardian Name (print): \_\_\_\_\_

Parent/guardian Name (signature): \_\_\_\_\_ Date: \_\_\_\_\_