

Registration and Permission Form
For all children & youth participating in
Children's and Youth Ministries Events



1. Name of Child: _____ Birth date: _____ Grade: _____

2. Name of Child: _____ Birth date: _____ Grade: _____

3. Name of Child: _____ Birth date: _____ Grade: _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact -- Name: _____

Best Phone to be reached at: _____ Relationship: _____

Please list any concerns: (physical, speech, allergies, medical conditions, behavioral, sensory, etc.)

To whom it may concern:

The undersigned does hereby give permission for our(my) child(ren) listed above to attend and participate in all activities sponsored by The Presbyterian Church in Orland Park between August 26, 2018 and September 1, 2019. These activities will take place either at The Presbyterian Church, 13401 Wolf Road, Orland Park, IL 60467, or at another specified location.

In consideration of being permitted to participate in activities at The Presbyterian Church in Orland Park, or at another specified location, I, on behalf of myself, my spouse, and my child(ren) and our respective heirs, successors, administrators and assigns, hereby release and agree to hold harmless and indemnify The Presbyterian Church in Orland Park and its officers, agents, employees, and volunteers from and against all claims, liability, expenses and costs, including reasonable attorney's fees, arising from participation in these activities.

We(I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Presbyterian Church in Orland Park. Please check one box: Yes No

I give permission for my child to be photographed at activities sponsored by The Presbyterian Church in Orland Park and for these photographs to be used for publicity purposes by The Presbyterian Church in Orland Park in print or on social media. Please check one box: Yes No

Signature required! ➔ **Mother's and/or Father's or Guardian's signature and date:**

Date: _____