

SEWICKLEY PRESBYTERIAN CHURCH REGISTRATION FORM 2019-2020

Youth Information

Name: _____ Age: _____ Date of Birth: _____ Grade: _____ School: _____
 Email: _____ Cell phone: _____ May SPC text your child? Yes No

Parent/Guardian Information

Parent/Guardian Name: _____ Primary Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Primary Email: _____
 Emergency Contact Name: _____ Relation: _____
 Cell Phone: _____ Primary Email: _____
 Other Relatives at SPC: _____

List of Individuals Allowed to Pick Up Your Child

Please also use this space to make us aware of any circumstances about your child's safety regarding custody, parental agreements, etc. _____

Allergy Information

List any known allergies your child has or select "none." **None:** _____ **Allergies (Food or medication):** _____

Reactions: _____ Treatment Plan: _____

Does your child normally carry an Epi Pen? ___ Yes ___ No *If you answered "yes" please attach special instructions (like an action plan).*

Health History

List any dietary restrictions: _____

List any activities your child should be restricted from: _____

Medical History of Participant:

- ADD or ADHD? ___ Yes ___ No
- Asthma? ___ Yes ___ No
- Behavioral Problems? ___ Yes ___ No
- Cardiac Problems? ___ Yes ___ No
- Diabetes? ___ Yes ___ No
- Developmental Delay/Mental Disability? ___ Yes ___ No
- Glasses or contacts? ___ Yes ___ No
- Seizures? ___ Yes ___ No
- Other? _____

Does your child need an inhaler? If so, attach the plan used.

If you answered "yes" to any of the above questions, please attach special instructions (like an action plan) to this registration card.

Parental Agreement

Signing this agreement is necessary for your child to participate. WAIVER: By sending my child to SPC events, I agree to indemnify and hold harmless Sewickley Presbyterian Church (SPC), its staff, volunteers, or anyone affiliated with SPC, from any liability for any accident or injury which may be incurred. MEDICAL RELEASE: In the event of accident, injury, or illness, I authorize any and all medical attention necessary to be administered to my child, listed above, under the direction of such medical professionals as the Church determines appropriate under the circumstances.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Company: _____ Member Number: _____