

CHARLESTON ATLANTIC PRESBYTERY
CHILD/YOUTH REGISTRATION FORM

Name of Event: _____ Date(s) of the Event: _____

Participant's Name: _____ Church: _____

Gender: _____ Age: _____ Grade in School: _____ Date of Birth (M/D/Y): _____

Home phone #: _____ Address: (street, city, & zip): _____

COVENANT

For this time together, we will be doing our best to live together as family in Christian community. Each person contributes to the family, and we all need to be responsible for our time together. As a member of the community, I will: (please initial each item as it is reviewed)

- ___ **R:** Refrain from consuming alcohol, using illegal drugs or smoking and possessing illegal substances, weapons, or pyrotechnics
- ___ **E:** Enjoy the time of rest and renewal.
- ___ **S:** Seek to hear God's claim on my life through the opportunities provided.
- ___ **P:** Participate in all aspects and activities of the event.
- ___ **E:** Expect to encounter God.
- ___ **C:** Care for others by being a good steward of the resources provided over the course of the event, including but not limited to the food prepared, supplies provided, and person leading the event.
- ___ **T:** Treat the facilities with reverence. Be responsible for my own belongings and respect the property of others.
- ___ **F:** Friendship- Take time to meet at least one new friend. Be responsible in my expressions of care, concern, and intimacy. Be respectful of others by not being in the bedrooms of the opposite sex.
- ___ **U:** Understanding, be considerate of one another, seek to hear others.
- ___ **L:** Lights out. Abide by the lights out policy and curfews of the event
- ___ -Respect the authority of all of the adults at the event.
- ___ -Wear appropriate clothing (including no short shorts, spaghetti strap tanks tops, strapless tops, clothes with inappropriate slogans or pictures, etc.)

Vandalism & Property Damage: Any person who damages or destroys property will be responsible for the cost of replacement and repair.

Disrupting Event Activities: A great deal of time, effort, prayer, and money goes into preparing an event. Disruptive behavior makes it hard for everyone to get the most out of the time that we have together. Participants can expect two warnings about this from any adult leader. Anyone who continues to disrupt will not be invited to the next event and may be dismissed from the current event in addition to have the opportunity to explain their actions to their parents, guardians, or pastor.

Participant's Signature: _____ Parent's Signature: _____ Date: _____

CHARLESTON ATLANTIC PRESBYTERY
MINOR CONSENT FOR MEDICAL TREATMENT/
HOLD HARMLESS/PHOTO RELEASE AGREEMENT

MEDICAL/EMERGENCY INFORMATION

If your church does not have this medical & contact information on file, please complete this section.
Church leaders are to bring copies of this information with them to the event.

Participant's Physician: _____

Physicians Phone: _____

Health Insurance Company: _____

Insurance Phone No: _____

Insurance Company Address: (city, state, & zip): _____

Policy/Group No.: _____ ID No: _____

Does your child have any type of medical, physical, or mental conditions that the leaders and physicians should be aware of to provide adequate care? If so, please explain:

Conditions: _____

Medication: _____

Allergies: _____

Parent/Guardian Emergency Contact Information:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Alternate Emergency Contact Person in the event the parents/guardians listed cannot be reached.

Name: _____ Phone #: _____

Relation to the child: _____

PLEASE READ CAREFULLY.

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS
Please complete and sign.

I, _____ (printed name of parent/guardian)
being the parent or legal guardian of _____
(printed name of minor, the "Participant") have been informed of the
above event sponsored by Charleston Atlantic Presbytery and hereby
give my consent for my minor child to participate in this event.

RELEASE AND WAIVER: I understand that the event may involve participation in physical activity, sports and/or vehicular transportation, and that the possibility of harm does exist.

I, personally, and on behalf of the Participant, further agree and do hereby release and forever discharge and hold harmless Charleston Atlantic Presbytery, its officers, directors, employees, volunteer staff, agents and its affiliated churches and organizations (collectively "Charleston Atlantic Presbytery") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from Participant's participation in the event.

I, understand and agree that this Release discharges Charleston Atlantic Presbytery from any liability or claim that I or Participant may have against Charleston Atlantic Presbytery with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's participation in the activity with Charleston Atlantic Presbytery, whether caused by the negligence of Charleston Atlantic Presbytery, or its officers, directors, employees, volunteer staff, agents or its affiliated churches or organizations or otherwise.

MEDICAL TREATMENT: I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all reasonable efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the adult advisor to make the decisions necessary for treatment. Should there be no adult advisor available, I give permission to the attending physician to treat my minor child as she deems medically necessary. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care expenses incurred on behalf of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of Charleston Atlantic Presbytery will be used as the secondary coverage, if available, and that such coverage may not be available nor is it relied upon.

PHOTOGRAPHIC/VIDEO IMAGE RELEASE: I give my permission for images of my child captured through video, photo and digital camera, to be used solely for the purposes of Charleston Atlantic Presbytery publications and website.

Signature Parent/Guardian: _____ Date: _____