



YOUTH AT CALVARY Registration & Consent Form

To be completed by a parent/guardian. Please complete this form thoroughly and legibly!

Student Information:

Name _____
Grade: _____ Birthday (mm/dd/yyyy): _____ T-Shirt Size: _____
Street Address: _____
City/State/Zip: _____
Mailing Address (If Different): _____
Student Cell (If Applicable): _____
Favorite Snack/Candy: _____
Allergies/Concerns: _____

Parent/Guardian Information:

Name(s): _____
Relationship to Student: _____
Phone Number(s): _____
Email(s): _____

Parent Consent:

The undersigned does hereby give permission for my/our child (listed above) to attend and participate in activities sponsored by Calvary Community church of Port Townsend.

I/We authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment 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 my/our child to return home due to medical reasons or disciplinary action, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Calvary Community Church of Port Townsend.

Medical Insurance:

Insurance Company _____
Policy Number _____
Policy Holder _____
Emergency Phone Number _____

Photo Consent:

The Calvary Community Church Youth Group has my permission to use my or my child's photograph publically to promote the youth group. I understand that the images may be used in print or online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use. The photos used will be in good taste and appropriate. If at any time a photo is used, and is requested to be removed, it will be removed as soon as possible.

(Please circle one)

YES

NO

These permissions will be considered valid for two years unless otherwise revoked by a Parent/Guardian's written request.

Parent/Guardian Signature: _____ Date: _____