



## Youth Ministry Registration & Medical Release Form & Waiver

Thank you for bringing your teen to Utica Church of Christ. Our goal is to teach your teen about God (Father, Son and Holy Spirit), the Bible and godly living. In order to provide the safest environment for your teen, we need this form filled out completely. **Please return the form to Utica Church of Christ, PO Box 532, Utica Ohio 43080.** If you have questions, call 740-892-3838.

STUDENT'S INFORMATION			
First Name	Middle Initial	Last Name	
Birth date (mm/dd/yyyy) / /	Age	Grade	Home/Cell Phone
Mailing Address (include PO Box)		Email Address	
City & Zip Code	Mothers Name	Fathers Name	Guardians Name
Authorized people to pick up my teen (must be 18 years of age or older):			
Is there any custodial information that we should be aware of? If so please list below:			
Do you have a church home? If not, would you like to be contacted to learn more about our church? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEDICAL HISTORY		
Are there any allergies that we need to be aware of?		
Are there any special considerations that we need to be aware of?		
Is your teen taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them and reason for medication:		
Is there anything else that we should be aware of about your teen?		
Family Doctor	Office Phone Number	Hospital Preference <input type="checkbox"/> LMH <input type="checkbox"/> KCH <input type="checkbox"/> Other _____



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## EMERGENCY CONTACT INFORMATION

Every effort will be made to contact the parents or guardian of the teen before treatment is given

First/Last Name	Phone Number	Relation to Teen
First/Last Name	Phone Number	Relation to Teen
First/Last Name	Phone Number	Relation to Teen

## PHOTO RELEASE (REQUIRED)

I hereby grant permission for Utica Church of Christ to record pictures or videos of my teen while on the church property or at a church-sponsored event. I also give permission to Utica Church of Christ to use these images or videos in church print and online publications including church websites and social networks knowing that their identity is kept anonymous.

Please initial your wish for the use of your teen's photos:

Permission granted for all purposes;

Permission granted only for in-house use (slideshows & various church presentations);

Please DO NOT use my teen's photo for any purpose.

## CONSENT TO TREAT AND RELEASE OF LIABILITY

As the parent(s) or guardian(s) of the teen listed on this form, I (we) release Utica Church of Christ and its authorized representatives and staff from liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor against said church, representatives, or staff. Furthermore, in the event of an accident or injury, if the youth leader responsible for my teen or their representatives are unable to contact the parent(s) or guardian(s), we hereby grant permission to the youth leader responsible for my teen or their representatives to administer necessary first aid, and/or to take my teen to the nearest medical facility for additional treatment by a physician/medical specialist. In addition, I will notify Utica Church of Christ in writing of any changes in medications, allergies or medical conditions that occur for my teen while my teen participates in the Youth Ministries of Utica Church of Christ, Utica Ohio.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent(s)/Guardian(s)

*Please note that this form will be kept on file in the Youth Minister's office. If any information has changed please notify the church office.*

