

**Pennington Presbyterian Registration Form**  
**2011-2012**

**Child's Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Email: \_\_\_\_\_

Child's Cell Phone: \_\_\_\_\_

Permission to Text about Youth Group Events: Yes \_\_\_\_ No \_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

**Parent Contact Information:**

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Family Email: \_\_\_\_\_

**Alternative Contact Information** (To be used in emergency if you cannot be reached)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Photo Release**

I hereby grant permission to Pennington Presbyterian Church to use my child's photograph on their website, multimedia, or in other official organization printed publications. I also acknowledge that Pennington Presbyterian Church may choose not to use my child's photo at this time, but may do so at its own discretion at a later date. I understand that the names and personal information of my child will not be published with the photograph.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

Insurance Company Name: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

I give permission for my child/children to participate in Church School, Youth Group, and/or Choir program(s). In case of emergency, I understand that every effort will be made to contact the parents, guardians, or alternate contact of the registered child. In the event that I cannot be reached, I give permission to the physician selected by Pennington Presbyterian Church to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child. I understand that I am financially responsible for any expense for medical care or transportation incurred on my child's behalf. I hereby release Pennington Presbyterian Church, its employees, and volunteers from any responsibility for injuries or illness occurring as a result of or coincidental to my child's participation in these programs.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_