

Cary Presbyterian Church  
Youth Information Form and Release, 2011-2012

Youth Information	
Full Name _____	Birth Date _____
Address _____ _____	Home Phone _____
Grade _____	Youth Cell Phone _____ (If different from Parent)
School _____	
Youth Email _____ (If different from Parent)	<input type="checkbox"/> check to receive CPC youth emails
Track (year-round) _____	

Mother/Guardian	Father/Guardian
Name _____	Name _____
Address _____ _____ (If different from Youth)	Address _____ _____ (If different from Youth)
Daytime Phone _____	Daytime Phone _____
Evening Phone _____	Evening Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
<input type="checkbox"/> check to receive CPC emails	<input type="checkbox"/> check to receive CPC emails
Stepmother	Stepfather
Name _____	Name _____
Phone _____	Phone _____
Email Address _____	Email Address _____

Special Information (re: activities, special needs, diet, etc)

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Waiver and Release

I, one of the parents or guardians of the above-named youth, do hereby give my approval to my child's participation in any and all activities of the Cary Presbyterian Church youth groups for the current school year. I assume all responsibility for hazards incurred in the conduct of activities of Cary Presbyterian Church, and also the transportation to and from activities, and I do further release, absolve, indemnify, and hold harmless Cary Presbyterian Church, the New Hope Presbytery, and all advisors, employees, officers, elders, supervisors, and volunteers, any and all of them. I further agree to abide by all rules, regulations and decisions of Cary Presbyterian Church and its youth groups. In case of injury of my child, I waive all claims against the above-named parties.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cary Presbyterian Church  
Youth Medical History and Emergency Treatment, 2011-2012

Youth Name \_\_\_\_\_

Insurance	
Name of Insured	_____
Medical Insurance Co	_____
Claim Address	_____
Policy ID Number	_____ Group Number _____

In lieu of completing these blanks, you may attach a copy of each side of your insurance card.  
Please update this information with CPC any time your coverage changes.

Health History			
Please check where appropriate			
Allergies	Hay Fever _____ Plants _____	Food _____ Drugs _____	Insect Stings _____ Other _____
Chronic/Recurring Illness	Asthma _____ Kidney _____ Headaches _____	Seizures _____ Ear Infections _____ Other _____	Diabetes _____ Heart Disease _____
Provide details for items checked above _____ _____			
Currently taking the following medications _____			

Over-the-Counter Medication and Authorization			
I/We hereby give permission for the above-named youth to use federally approved, over-the-counter medications for the following conditions. Please circle yes or not.			
Headache, Muscle Cramps and/or Fever	yes no	Cough, Cold and Allergy	yes no
Stomach Upset and Diarrhea	yes no	Skin Irritation, Cuts, Scrapes and Burns	yes no
Except for the following medications _____			

Emergency Authorization	
I/We hereby give permission to the medical personnel selected by the Cary Presbyterian Church Adult (over the age of 21 in charge) to order emergency treatments such as X-rays, tests, and medical procedures for the youth named above. If I/we cannot be reached in the event of an emergency, the following person(s) is/are authorized to act on my behalf in addition to the Church Adult until I/we can be contacted.	
Name _____	Relationship _____
Home Phone _____	Cell Phone _____

I/We know of no reason(s), other than the information on this form, why my/our child should not participate in Cary Presbyterian Church's program activities. I/We state that the information on both sides of this form is correct and I will inform Cary Presbyterian Church of any changes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_