

**REGISTRATION ~ PCJH ELEMENTARY WEDNESDAY AFTER SCHOOL PROGRAM
and ALL ELEMENTARY TRAVELING MINISTRIES, 2011-2012**

Child	Last: _____ First: _____ Gender: M F
	DOB: _____ Age as of 9/15/2011: _____
	PHYSICAL Address: _____ Grade: _____
Child's Health	Physician: _____ School: _____
	Physician Phone: _____ ALLERGIES: _____
	Dentist: _____ Date of Baptism: _____
	Dentist Phone: _____
	Health Conditions/Information: _____
	Social and Familial Conditions/Information: _____
Parent/Guardian	Last: _____ First: _____
	Relationship to Child: _____
	MAILING Address: _____
	<u>Home Telephone:</u> _____
	Cell: _____
	Email Address: _____
	Work Telephone: _____
	How may we best reach you during the hours that your child is at our facility? _____
Parent/Guardian	Last: _____ First: _____
	Relationship to Child: _____
	MAILING Address: _____
	Home Telephone: _____
	Cell: _____
	Email Address: _____
	Work Telephone: _____
	How may we reach you during the hours that your child is at our facility? _____
Individuals Authorized to Take Child from Facility	Last: _____ First: _____ Relationship: _____
	Address: _____
	Telephone: _____
	Last: _____ First: _____ Relationship: _____
	Address: _____
	Telephone: _____
	Last: _____ First: _____ Relationship: _____
	Address: _____
	Telephone: _____
Emergency Contacts	Last: _____ First: _____ Relationship: _____
	Address: _____
	Telephone: _____
	Last: _____ First: _____ Relationship: _____
	Address: _____
Insurance	Medical Insurance Company: _____
	Medical Group # and Patient/User ID #: _____
	Dental Insurance Company: _____
	Dental Group # and Patient/User ID #: _____
ce Use	Date of Enrollment: _____ Class: _____

PCJH ~ Elementary Wednesday After School Program & all Elementary Traveling Ministries
Emergency Care Authorization and Transportation Permission,
Consent & Release

STUDENT'S FIRST NAME: _____ LAST NAME: _____
GENDER: _____ BIRTHDATE: _____ GRADE: _____ AGE: _____ CELL: _____

PARENT/GUARDIAN(S) NAME(S): _____

PLEASE NOTE INFORMATION WE SHOULD KNOW ABOUT YOUR CHILD:

PLEASE READ CAREFULLY AND SIGN BELOW:

I, _____ am the parent or legal guardian of _____ born on _____. I warrant that I possess all the rights, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. As the parent or legal guardian, I certify and affirm that I have been completely and thoroughly informed that as a child attending a Children, Youth and Family (CYF) program, an entity of the Presbyterian Church of Jackson Hole, my child will participate in certain activities which carry with them a degree of risk and danger, INCLUDING BEING DRIVEN TO AND FROM THE PRESBYTERIAN CHURCH to various places associated with the CYF program within Teton County. I consent to my child's participation in these activities, including transportation from school to PCJH and from PCJH to another location of the CYF program (ie: for field trips or special recreational, educational or service project locations when applicable) and do hold harmless any individual, paid or volunteer, the organization and the Presbyterian Church of Jackson Hole as a whole. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged.

Further, I personally assume, on my child's behalf, all risk in connection with said activities for any harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities. In consideration of my child being allowed to participate in these activities and to use the Presbyterian Church of Jackson Hole, equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Presbyterian Church of Jackson Hole, it's employees and volunteers from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use the Presbyterian Church of Jackson Hole, equipment and facilities. I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of the Presbyterian Church of Jackson Hole. Should the need for medical attention arise the church will attempt to contact me as soon as practical under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church or any individual on the basis of any claim from which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Continued on next page

Parent – Printed Name _____

Parent - Signature _____ Date _____

Name of Child: _____

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Photography and Video Permission 2011-2012

Throughout the year, photographs and video may be taken to produce classroom materials such as bulletin boards, class books, promotional brochures and informational spots for our supporting congregation or for the intent of improving teaching practices. All students must have the following written parental permission to be photographed and/or videotaped to appear in any PCJH publications, displays or website.

I have checked and/or indicated below my directives regarding photographing and/or videotaping my child:

_____ I DO give the staff or volunteers at PCJH permission to photograph and/or videotape my child (ren), and to display such photos and/or videos in PCJH publications, displays or websites.

_____ I do NOT give the staff or volunteers at PCJH permission to photograph and/or videotape my child (ren), and to display such photos and/or videos in PCJH publications, displays or websites.

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

Child's Name (print): _____

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Sunscreen Utilization Permission 2011-2012

Name of Child: _____

As the parent or guardian of the above named child, I give permission for the staff or volunteers PCJH to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he or she will be engaging in outdoor activities especially during the months of April through September and between the daily times of 8 am to 6:00 pm. I understand that sunscreen may be applied to exposed skin, including but not limited to face, tops of the ears, nose, and bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ Staff or volunteers may use the sunscreen of their choice in keeping with applicable state standards:

_____ I will provide the sunscreen of my choice and inform leaders that it's in my child's backpack for use: _____

_____ For medical or other reasons, please don't apply sunscreen to the following area(s) of my child's body:

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____