

Church of the Nativity Youth Registration, Media, and Medical Release

Effective for all youth activities on and off Church of the Nativity property from September 1st, 2016 to August 31st, 2017.

Youth Registration

Youth Name: _____ Grade 2016-2017: _____ School: _____

Adult T-Shirt Size: **S M L XL** Youth DOB: __ / __ / __

Mom Name: _____ Dad Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Mom Cell: (____) _____ Dad Cell: (____) _____ Youth Cell: (____) _____

Mom Work: (____) _____ Dad Work: (____) _____

Mom Email: _____

Dad Email: _____

Youth Email: _____

Best way to contact youth: **Email Call Text**

Best way to contact parent/guardian: **Email Call Text**

A Few of My Favorite Things:
(For youth to fill out about themselves)

Beverage: _____

Salty Snack: _____

Restaurant: _____

Movie: _____

Dessert: _____

TV Show: _____

Candy: _____

Artist/Band: _____

I have:      

Media Release

_____ I give consent to use all photographs, audio recordings, and/or video recordings take of me or my minor by Church of the Nativity, Raleigh. I understand these photographs, audio recordings, and/or video recordings become property of Church of the Nativity for educational, instructional, and promotional purposes in broadcast and media formats including print, social media, presentations, and website use. (Emails, newsletters and social media of Nativity)

_____ I **DO NOT** give consent to use all photographs, audio recordings, and/or video recordings take of me or my minor by Church of the Nativity, Raleigh.

Parent Signature: _____

Date: _____

Medical Release

Policy Holder Name: _____ Policy Holder DOB: _____

Medical Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Preferred Hospital: _____

Special Considerations (Allergies, Chronic Conditions, Medical Concerns, Behavioral Concerns, etc.): _____

Emergency Contact (other than parent): _____

Phone Number: _____ Additional Number: _____

I hereby give permission for my child, _____, to participate in youth activities offered by Church of the Nativity, Raleigh, and in connection therewith do hereby authorize said church to transport my son or daughter either by vehicles owned by the church or in private vehicles furnished by authorized adult volunteers or employees of the church to various activities throughout the state of North Carolina and contiguous states from September 1st, 2016 through August 31st, 2017.

As parent (or legal guardian) of the above stated youth, I attest that he or she is in good health and that I know of no physical, mental, or emotional reason that would prohibit my son or daughter from attending youth group activities. I understand that every measure and precaution has been taken to assure the good health and safety of each participant and therefore I waive any liability of Church of the Nativity or staff or volunteers representing it for personal injury or death while attending the group's activities. I intend this release to be binding not only for myself, but also on my family and all legal successors in interest.

In the event that my child is injured, I hereby give permission to the physician or medical personnel selected by Church of the Nativity staff or volunteer to hospitalize, secure proper treatment or medication for, and to take whatever medical actions are necessary to treat my child, and I authorize the physician or medical personnel to provide treatment deemed necessary by them.

I give permission for my child to receive approved over the counter medication from adult supervisors unless specified above.

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Signature: _____

Date: _____