

T-shirt size	
YS _____	YXL _____
YM _____	AM _____
YL _____	AL _____

# MSM Program Grades 7 - 8

## REGISTRATION FORM

2014 - 2015

Office Use Only	
Registered	Paid
1 <sup>st</sup> _____	_____
2 <sup>nd</sup> _____	_____
Date Attended Parents Meeting	
_____	

Participant's Name: \_\_\_\_\_ Birthdate: (mm/dd/yyyy): \_\_\_\_\_

Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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

\_\_\_\_\_

Parent's Email\*: \_\_\_\_\_

\*Our primary form of communication to parents will be via email. Please make a point to check it regularly. If email is NOT an effective form of communication with you, please let us know at registration time.

Contact phone during Logos/MSM hours: \_\_\_\_\_

Daytime Phone: (1) \_\_\_\_\_ Daytime Phone: (2) \_\_\_\_\_

Evening Phone: (1) \_\_\_\_\_ Evening Phone: (2) \_\_\_\_\_

Cell Phone: (1) \_\_\_\_\_ Cell Phone: (2) \_\_\_\_\_

### Program Consent

I, the undersigned, hereby consent for my child to participate in FPC Logos/MSM program.

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

\_\_\_\_\_  
Date

### Medical Consent

In the event that the above named participant becomes ill or sustains an injury during a FPC youth program at the church or on an authorized trip, I, the undersigned, hereby consent to those in charge to take whatever steps are necessary to administer first aid. In addition, I also consent to have my child treated by an Emergency Medical Technician and/or licensed physician in the event of an accident or medical emergency. I understand that this consent will apply to all emergency situations present and future and that it remains in effect until written revocation is received.

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

\_\_\_\_\_  
Date

Briefly describe any special health problems or allergies (include food allergies): \_\_\_\_\_

Medications? (name, dosage, prescribing physician): \_\_\_\_\_

### Transportation Consent

I, the undersigned, hereby consent for my child to be transported to and from authorized FPC youth activities in any vehicle driven by an approved adult youth worker from FPC or licensed charter bus driver.

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

\_\_\_\_\_  
Date

## Media Consent

I, the undersigned, hereby consent that FPC has the right to photograph, videotape, or make digital recordings of my child and to use these media from her on forward in FPC publications (*for example: bulletins, flyers, webpage, and Facebook page*). This consent remains enforce until written revocation is received. For your child's protection, his or her name will not be made known.

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Signature of Parent or Legal Guardian

Date

## Liability Agreement

I, the undersigned, hereby agree not to hold First Presbyterian Church of Mooresville, North Carolina, or its leaders, employees, or volunteer staff liable for any damages, losses, illnesses, diseases, or injuries while participating in one or more of the registered youth programs.

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Signature of Parent or Legal Guardian

Date

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## Alternate Persons Authorized to Pick Up My Child

The following people have my permission to pick up my child \_\_\_\_\_

from Logos/MSM:

Name: \_\_\_\_\_

Relationship to my child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to my child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to my child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Signature of Parent or Legal Guardian

Date