

Today's Date: _____

Student's Name: _____ Gender: M F

Address: _____ City and Zip: _____

Date of Birth: _____ Grade in Fall 2018: _____ School: _____

Home Phone: _____ Student's Cell Phone: _____

Father/Guardian Name: _____ Work or Cell Phone: _____

Mother/Guardian Name: _____ Work or Cell Phone: _____

Household Email: _____

Student's Email: _____

Student's Instagram: _____

Please share any special considerations or needs that would be helpful for us to know (For example: recent death of parent or sibling? Learning disability? Recent divorce / separation? etc.) _____

List student's interests, hobbies, clubs, teams, etc.: _____

CHECK APPROPRIATE BOXES, THEN SIGN BELOW:

Consent for Social Media Contact: I hereby (*please check appropriate box*) **DO** **DO NOT** give permission to Youth Ministries staff to contact my child through social media networks (Facebook, Twitter, Google Plus, etc.).

Consent for Photography: I hereby (*please check appropriate box*) **DO** **DO NOT** give permission for a church representative, employee, or volunteer to take pictures and/or video of my child. Pictures may be candid or posed and will be used for a variety of communication and identification mediums to include, but not exclusively, such things as brochures, databases, slideshows, LGPC website, and posters.

Medical & Liability Release: By signing below, I authorize paid or volunteer program staff of Lake Grove Presbyterian Church to obtain emergency medical care for my child if I (parent/guardian) cannot be readily reached in an emergency. I also agree that neither Lake Grove Presbyterian Church nor its trustees, representatives, instructors, or agents may be held liable in any way for any occurrence in connection with my child participating in a LGPC activity and I indemnify and hold LGPC harmless from any such claim.

Parent/Guardian Signature

Date