

**SOUTH MECKLENBURG PRESBYTERIAN CHURCH**

**Youth Program Participant Profile Sheet**

**Date:** \_\_\_\_\_

**Participant's Personal Information**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Goes By:</b>	<b>Grade:</b>	<b>T-Shirt Size:</b>
<b>Birthdate:</b>	<b>School:</b>	
<b>Cell Phone:</b>	<b>Email:</b>	

**Talents (Drama, Musical Instruments, etc.):**

**Parent(s) or Guardian(s)**

<b>Last Name(s):</b>	<b>First Name(s):</b>	
<b>Street Address:</b>	<b>City/State/Zip:</b>	
<b>Email:</b>	<b>Home Phone:</b>	
<b>Mother's Cell:</b>	<b>Father's Cell:</b>	

**Other Emergency Contact**

<b>Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>

**Medical Information**

<b>Doctor:</b>	<b>Practice Name:</b>
<b>Office Phone:</b>	
<b>Date of last physical examination:</b>	<b>Date of last Tetanus shot:</b>

**Please list/describe all know medical conditions, allergies (including drug allergies), and physical limitations:**

**Please list all medications currently used on a regular basis. Attach interaction precautions, dosage, and/or dispensing instructions as applicable.**

**Other information the Youth Leaders should know about your child:**

**Please list any dietary restrictions or preferences (Vegetarian, gluten-free, etc.):**

**May we send text messages to your child's cell phone? (Please initial):** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**May we send text messages to your cell phone? (Please initial):** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

## Youth/Parent Agreement

I have willingly chosen to participate in South Mecklenburg Presbyterian Church (SMPC)'s Youth Ministry. As a participant, I will work towards the goals of SMPC's Youth Ministry and building our group into a Christian community by:

- Participating wholeheartedly and enthusiastically in all activities planned for our group.
- Speaking up when I have a problem, need, or concern.
- Listening/responding to the needs of others.
- Following the guidance of adult leadership.
- Respecting other's property or rights, and abiding by stated and/or verbal rules.
- NOT using controlled substances (alcohol/tobacco/drugs) or promoting these substances in our community.
- NOT leaving the grounds of an event at any time without an adult leader.
- Encouraging others to abide by this covenant, and be supportive and respectful of all people present, to live as an example of faith to all those we meet.

I understand that success in abiding by this covenant will result in a positive group environment and experience. I also understand that failure to abide by any of these guidelines may result in my being sent home at my parents' expense. \_\_\_\_\_ Youth Initials \_\_\_\_\_ Parent Initials

## Medical Release Information

I, \_\_\_\_\_, the parent of \_\_\_\_\_ (if under age 18) OR I, \_\_\_\_\_ (if 18 or older) willingly consent to participation in South Mecklenburg Presbyterian Church Youth trips/activities. In the event of injury or illness requiring URGENT medical attention while attending youth events, I consent to reasonable emergency medical treatment as deemed necessary. This consent includes permission granted to the adult supervisors and leaders of SMPC Youth, to make decisions regarding administration of first aid or medications when required for injury or illness. In the event a parent cannot be reached to obtain consent requested for specific treatment of a minor child by medical professionals, or in the event that a youth program participant who is 18 years of age or older cannot give consent due to incapacitating illness or injury, I hereby authorize the adult supervisors of SMPC Youth program to give such consent.

In the event it becomes necessary for an SMPC youth leader to give consent for me or my child, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care not reimbursed by health insurance.

\_\_\_\_\_ Parent Initials

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Primary Cardholder Name: \_\_\_\_\_

Employer of Primary Cardholder: \_\_\_\_\_

***Please include a copy of the front and back of your insurance card.***

## Photo Release & Transportation Agreement:

I, \_\_\_\_\_, give permission to South Mecklenburg Presbyterian Church to make photographs, video, and audio recordings of my child's participation in the church's ministry. I understand that these recordings and photographs will be used only in programs, printed materials, website, or other legal purposes of South Mecklenburg Presbyterian Church. \_\_\_\_\_ Parent Initials

South Mecklenburg Presbyterian Church also has my permission to transport my child (named above) on planned local and/or out-of-town trips. I understand that all precautions will be taken to ensure the safety and health of my child. In signing this, I acknowledge that I will not hold the church, its chaperones, or its drivers responsible in the event of an accident. \_\_\_\_\_ Parent Initials

## Over-the-Counter Medication Agreement

Recognizing that illnesses may occur while under the care of South Mecklenburg Presbyterian Church while away from the campus, I hereby give permission for SMPC Youth adult leaders to administer the following over-the-counter medications in the dosage I have indicated below:

MEDICATION	YES/NO	DOSAGE
*Pepto-Bismol (262mg tablets) *would only be given without fever		
Ibuprofen (200mg)		
Tylenol (250mg)		
Benadryl (25mg)		
Hydrocortisone Cream (1%)		
Neosporin (antibiotic) Cream		

By signing below, I, \_\_\_\_\_ (print name) authorize by my signature the administration of the identified over-the-counter medications for short-term relief of illness and/or allergies.

### Liability Release Form

I/We understand that there are inherent risks involved in any youth trip or activity and I/We hereby release South Mecklenburg Presbyterian Church, its staff and volunteer workers from any and all liability due to injury, loss, or damage to person or property that may occur during the course of my/our involvement with these trips or activities.

_____	_____	_____
<b>Youth</b> Printed Name	<b>Youth</b> Signature	Date
_____	_____	_____
<b>Parent</b> Printed Name	<b>Parent</b> Signature	Date

***This release will remain in effect, and will serve to cover any and all activities provided or sponsored by SMPC from September 1, 2016 until August 31, 2018, or until I revoke it in writing.***

**Please attach a legible copy of the front and back of your health insurance card.**