

**TRABUCO PRESBYTERIAN CHURCH**  
**Children's Ministries Registration Form 2012 - 2013**  
**(newborn - 6th grade)**

Child's Last Name	Child's First Name	Gender	Birthdate	Grade	School	Church Reg. Attend
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Allergies, Medical or special concerns/restrictions (Please be specific)

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Child's Last Name	Child's First Name	Gender	Birthdate	Grade	School	Church Reg. Attend
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Allergies, Medical or special concerns/restrictions (Please be specific)

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Child's Last Name	Child's First Name	Gender	Birthdate	Grade	School	Church Reg. Attend
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Allergies, Medical or special concerns/restrictions (Please be specific)

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Child's Last Name	Child's First Name	Gender	Birthdate	Grade	School	Church Reg. Attend
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Allergies, Medical or special concerns/restrictions (Please be specific)

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**Medical Release Info**

Mom's Name _____	Mom Cell _____
Dad's Name _____	Dad Cell _____
Address _____	Home phone _____
City & Zip _____	email _____

**(Please provide your email address.  
 We do ALL of our communication through email.)**

I give my child(ren) (listed above) permission to take part in Children's Ministries Events, being sponsored by Trabuco Presbyterian Church on the following date(s): 08/12 - 08/13. In the event that he or she is injured while participating, I do hereby authorize consent to ANY X-ray, examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of ANY licensed medical staff member under the provision of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care, which the aforementioned physician, in his or her best judgment, may deem advisable. It is understood that effort will be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

This authorization is given pursuant to the provisions of section 25.8 of the Civil Code of California.


I understand the nature of this event and hereby release Trabuco Presbyterian Church, its staff and representatives, from any liability for accidents or injury sustained by my child in conjunction with this event.

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

**Pathfinder/Trailblazer (1st-6th grade) Volunteer Opportunities**

(Please choose at least 1)

- \_\_\_\_\_ Serve and clean up dinner once every 6 weeks (5:20 - 6:00)
- \_\_\_\_\_ Help make dinner once every 6 weeks (food provided)
- \_\_\_\_\_ Pick up a pre-ordered dinner (Pizza, Subway, McDonalds, etc.)
- \_\_\_\_\_ Help lead a rotation once every 6 weeks (5:30 - 7:00)
- \_\_\_\_\_ Plug me in where needed

 **NO PICTURES PLEASE!** TPC takes pictures throughout the year that may appear on the church's website (without names). Check here if you **DO NOT** want pictures of your children on the church's website or other publications.