



Registration Form



For name tag and contact purposes, please complete legibly:

Parent Name(s): _____

Address: _____

City & Zip: _____

Home Phone: _____

Cell Phone: (Father) _____

(Mother) _____

*E-Mail: (Father) _____

(Mother) _____

*(*E-Mail will be the main form of communication.)*

Youth and Children Information:

Name (to appear on nametag)	DOB	Gender	Grade/Class	Allergies or Special Needs (Use back if Necessary)
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____
_____	_____	M / F	_____	_____

School(s) children attend: _____

Additional Information for Youth:

Name	Cell Phone	E-Mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Medical Treatment and Photo Release:

In the case of a medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give permission to a representative of Zionsville Presbyterian Church to secure prompt medical treatment for my child. I understand that every attempt will be made to notify me in the case of a medical emergency. I understand that my child may be photographed, and that these photographs may be included in publications and websites of ZPC.

Emergency Contact: _____ Phone: _____ Relationship: _____

Signature of Parent or Guardian: _____ Date: _____

I'm interested in volunteering with Youth Children I'm currently volunteering with Youth Children

Family Number: _____