



North Albany Community Church Youth Ministry Registration

(Please print clearly and fill out completely front & back)

STUDENT

STUDENT NAME _____ GENDER _____ BIRTH DATE ____/____/____

() - _____
PHONE NUMBER (Cell or Home) EMAIL ADDRESS

Class of _____
GRAD YEAR SCHOOL

HOME ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

Allergies, reaction, protocol: _____

Custody/Safety Information: _____

Permission to photograph: Yes () No ()
(This allows us to share our experiences with each other, our friends and you!)

PARENT/GUARDIAN

PARENT 1 (Easiest to contact) _____ Church _____
() - _____
PHONE NUMBER (Cell or Home) EMAIL ADDRESS

PARENT 2 _____ Church _____
() - _____
PHONE NUMBER (Cell or Home) EMAIL ADDRESS

ADDRESS (If different) _____

CITY _____ STATE _____ ZIPCODE _____



North Albany Community Church Youth Waiver/Permission Slip

This Document is Valid September 1st 2017 – August 31, 2018

ALL FIELDS REQUIRED. PLEASE PRINT CLEARLY!

First Name _____ Middle Initial _____ Last Name _____

Insurance Co. _____

Policy Holder _____ Policy # _____

Visitor? How did you hear about our program? _____

I give permission for my child to join the Youth of North Albany Community Church (NACC) of Albany, OR, in any of the activities or trips sponsored by the church, its staff and sponsors. I hereby release them from responsibility and liability for any illness or injury that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity as agent for me, to consent to any x-ray, examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Exclusive of expenses covered by the provided medical insurance policy, I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that NACC assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release NACC from such liability.

Parent/Guardian Name (Please print) Relationship to student

Parent/Guardian Signature Date

STUDENT/PARTICIPANT AGREEMENT: I understand that while attending this event, I am under the direction and authority of those leaders in charge. I understand that I am expected to be with the group at all times. Any variance in the rules and regulations will result in immediate expulsion by asking my parents or guardians to pick me up.

Student Signature Date

Emergency Contacts:

Name Relationship Phone number

Name Relationship Phone number