

2016-2017 Webster Presbyterian Church Youth Fellowship Information, Permission, and Photo Release Form

Youth Name _____ Grade _____ Birth Date _____
E-mail address _____ Cell phone _____
Activities _____
Allergies/Health conditions _____

Father's Name _____ Work phone _____
Address _____ Home phone _____
E-mail address _____ Cell phone _____

Mother's Name _____ Work phone _____
Address _____ Home phone _____
E-mail address _____ Cell phone _____

- I give my permission for the child named on this card to travel with an adult driver for any regularly scheduled Webster Presbyterian Youth Fellowship events scheduled between September 1, 2016 and August 31, 2017.
- I further grant permission for a licensed physician, chosen by a WPC representative, to perform emergency medical treatment, including x-rays, the prescription of drugs, or surgery for my child. I assume liability for any resulting expense not covered by church insurance.

Parent/Guardian Signature _____ Date _____

EMERGENCY CONTACT (not a parent)

Name and relationship _____

Address _____

Work phone # _____ Home phone # _____

INSURANCE INFORMATION

Name of Insurance Company _____

Address _____ Policy number _____

Name of Insured _____

PHOTO RELEASE

I give permission to the Webster Presbyterian Church (WPC) of Webster, New York to use photographs and videos taken of my child participating in youth fellowship activities for the promotion of youth fellowship at WPC.

Yes/No _____

Initialed _____