

**The Bridge Youth Ministry - Second Reformed Church - Fulton, IL**  
Youth Activity Registration and Release Form

**ACTIVITY INFORMATION**

This release form covers all activities sponsored by The Bridge Youth Ministry of Second Reformed Church and its staff or representatives. Calendars, events, etc. will be announced periodically and other permission/release forms may arrive prior to those events.

Second Reformed Church, 703 14<sup>th</sup> Ave, Fulton, IL 61252 Ph: 815-589-3425

**STUDENT INFORMATION**

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

M/F: \_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade in School: \_\_\_ HmPhone: ( ) \_\_\_\_\_ - \_\_\_\_\_ EmergPhone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**CHURCH INFORMATION**

Home Church Name \_\_\_\_\_

Denomination \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Pastor: (Name) \_\_\_\_\_

**HEALTH INFORMATION**

Please check conditions that apply to your child. If an explanation is necessary, include that on another page or on the back of this form. Students will leave medications with the adult in charge upon arrival.

- General good health and able to participate in all normal youth activities
- List allergies including food, medication, environmental, insect sting, anesthesia or other \_\_\_\_\_
- Medication (Name & Dosage) Emotional problems, chronic health problems (heart, ADD, diabetes, asthma, other), recent operations, injuries, illnesses, etc. \_\_\_\_\_
- Prone to homesickness
- Other \_\_\_\_\_

**PARENT INFORMATION**

Parent/Guardian Full Name(s) \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

**INSURANCE AND MEDICAL INFORMATION**

Family Health Ins. Co.: \_\_\_\_\_

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

Student's Dr.: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Yr. of Last Tetanus: \_\_\_ Date of Last Physical: \_\_\_/\_\_\_/\_\_\_

**EMERGENCY INFORMATION**

If Parent/Guardian Cannot Be Reached

Full Name: \_\_\_\_\_

Day Ph: ( ) \_\_\_\_\_ Cell Ph: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

**RELEASE AND SIGNATURE**

**In signing below:**, I certify that this information is correct. I give permission for the use of photographs that may include my named child in church publicity. I also give permission for my son or daughter to be transported in privately owned vehicles or public transportation for approved at-church or away-from-church activities. I also declare that I am aware that my child may be "one-on-one" with a staff member or representative of Second Reformed Church.

**In case of emergency**, I understand that every effort will be made to contact the parents or guardian of the student. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my above named child and for the release of medical records in case of injury, as deemed necessary

**I hereby release** Second Reformed Church of Fulton, its staff, members and representatives from the responsibility of any injury incurred to myself or my children while involved with or while being transported to and from the above named activity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_