

FPC Youth Participation form

Name: _____ Parent/Guardian #1 _____

Address: _____ Cell Phone: _____

City: _____ Email: _____

State: _____ Zip: _____ Parent/Guardian #2 _____

Home phone: _____ Cell Phone: _____

Email: _____

Additional Emergency Contact (if we are unable to reach the guardians listed above)

Name _____ Relationship _____ Phone(s) _____

Medical Release Form

I hereby give permission for my child to participate in Youth Group Activities of First Presbyterian Church from September 2010 through August 2011. I understand that in the unlikely event of an accident or illness, every effort will be made to contact me at the phone numbers given. In the event that I cannot be reached, I hereby authorize the adult leaders of First Presbyterian Church to take whatever medical attention deemed necessary, including securing opinion of a physician or hospitalization.

Medical Insurance Information:

Signature of Parent/Guardian:

Parent/Guardian:

Date _____

Return Form to:

First Presbyterian Church
Youth Ministries
1200 SW Alder Street
Portland, OR 97205