



YOUTH INFORMATION FORM FOR BLACK MOUNTAIN PRESBYTERIAN CHURCH 2019-2020

Youth Name _____ Cell Phone _____
Email _____ Group Texting Yes / No
Address _____ Facebook Yes / No

Home Phone _____ T-shirt Size (adult) _____
School & Grade _____ Birthday _____

PARENT INFORMATION

Mother/Guardian _____ Father/Guardian _____
Address (if different) _____ Address (if different) _____

Home Phone _____ Home Phone _____
Cell Phone _____ Cell Phone _____
Texting Yes / No Texting Yes / No
Email _____ Email _____

The following people have permission to pick my child up from any youth event:

Name _____ Relationship to Youth _____
Name _____ Relationship to Youth _____

We/I do hereby acknowledge that our son/daughter, has permission to attend off site functions sponsored by Black Mountain Presbyterian Church, Black Mountain, North Carolina; and I do hereby release the said church and the accompanying adult advisors from any legal liability or financial responsibility which may arise during the course of the function(s). I hereby authorize emergency treatment as deemed necessary in the event I cannot be contacted immediately.

Signature of Parent/Guardian _____ Date _____

BMPC Health Information and Medical and Photo Release Form

Name of Insured:	Current Medications:
_____	_____
Medical Insurance Company:	_____
_____	Allergies:
Policy ID Number:	_____
_____	_____
Group Number:	Dietary Restrictions:
_____	_____
Physician Name:	_____
_____	Other:
Physician Phone:	_____
_____	_____

In the event that a parent/guardian cannot be reached, contact the following relative/friend in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release

From time to time we take pictures during activities. We would like your permission to use these pictures on our website and/or other publications. We will never reference a youth by full name or provide any specific information regarding your youth. We also will never sell these pictures; we will use them exclusively for internal purposes and promotional activities (including, but not limited to our website, newsletter, and brochures).

Please take a moment to let us know your preference regarding our use of photos of your youth:

_____ YES, I grant permission to use photos of my youth in your promotional materials, including your website and printed materials

_____ I do NOT want my youth's photo to be used on your website or in your promotional materials.

Image Release: I grant permission for my child/children to be included in BMPC publications including, but not limited to, print, video, and website as it relates to BMPC.

Parent/Guardian Signature: _____ Date: _____

Medical Release

I, the undersigned parent/guardian of _____ do hereby give permission for any Black Mountain Presbyterian Church chaperone or youth leader to administer basic first aid to my child and to take him/her to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. I consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care that may be rendered to said minor, under the general specific instructions of _____ (name of participant's physician) or if unavailable, by an on-call physician at a hospital or clinic. It is understood that this consent is given in advance of any specific diagnosis or treatment and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment.

Delivered to said persons entrusted with the care, custody and control of said minor child, this consent will remain effective until the 1st day of January of 2019. I understand that any and all medical expenses incurred are my responsibility and that there is no medical insurance coverage provided by Black Mountain Presbyterian Church.

Further, as parent/guardian of the named above, I do hereby consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Signature of parent/guardian: _____ Date: _____