

**Registration form for
2011 Summer Activities
First Presbyterian Church, Kerrville, TX**

My child hopes to attend:

Earth Friends, God's Friends, June 14-17, 9:30 - 2:00 rising 5th-6th graders _____

PAM/Mo-Ranch, June 19-24, 7:15 - 4:00 (rising 2nd - 6th) _____

Vacation Bible School, July 11-15, 5:30 - 8:00 (4 years old-rising 6th graders) _____

Mission Kerrville, August 1-5, 9:30 - 2:00 (rising 2nd - 6th graders) _____

To register (please print clearly)

PARTICIPANT NAME: _____

PARENT NAME: _____

ADDRESS: _____

PHONE(S): _____ E-MAIL: _____

DATE OF BIRTH: _____ GRADE: _____

HOME CHURCH: _____

EMERGENCY CONTACT: _____

EMERGENCY NUMBERS: _____

ALLERGIES/MEDICAL INFORMATION OR OTHER CONCERNS:

(please use additional paper if necessary)

IS YOUR CHILD A SWIMMER? _____ SHIRT SIZE: _____

NAME OF PERSON(S) WHO MAY PICK UP THIS CHILD:

I WOULD LIKE TO BE A CHAPERONE AND/OR PROVIDE TRANSPORTATION FOR
ONE OF THE ACTIVITIES _____ YES _____ NO

IF YOU WOULD LIKE TO HELP, WHICH ACTIVITY CAN YOU HELP WITH:

SIGNATURE: _____ DATE: _____

**First Presbyterian Church
800 Jefferson St.
Kerrville, Texas 78028**

Permission, Release, and Medical Information Form

As parent or legal guardian, I give permission for my child to participate in the church's planned summer activities, June 2011 through August 2011. I have been given a schedule of the events through the summer, including where the group is going, when they will leave and when they will return. I realize that the children will be transported to and from the church in the Church van or in privately owned vehicles as needed. I understand that my child will be properly supervised and all reasonable precautions will be taken to ensure their safety. Only adult advisors/ chaperones will be allowed to drive, and everyone will be required to wear seat belts at all times while traveling. Nevertheless, I realize that there are risks inherent in a trip such as this, and I agree not to hold First Presbyterian Church, its staff or volunteer advisors/ chaperones responsible for any accident that may occur on this trip.

I give permission for medical treatment to be administered should it be necessary for the welfare of my child. I understand that reasonable efforts will be made to reach me by phone before any medical treatment is authorized, but emergency care will be administered without delay.

Youth's Full Name _____

Parent's Full Name _____

Home Address _____

Home Phone _____

Cell Phone _____

If I am not available in an emergency, notify

Name _____

Address _____

Phone Numbers _____

Insurance Company _____

Youth's Plan or ID Number _____

Does your child have any known allergies? _____

Current Medications _____

Signature _____

Signed this _____ day of _____, 2011

**Please use an additional piece of paper to write any conditions
your child has that we may need to know to properly care for your child.**

Photo Permission Slip
2011 Summer Activities
First Presbyterian Church, Kerrville, TX

Participants Name: _____

Parent's Name: _____

_____ I give permission for First Presbyterian Church to use my child's photo in:

the local newspaper _____

the church's newsletter _____

the church's website _____

_____ I do not give First Presbyterian Church to use my child's photo in any publication

Signature _____

Date _____