

OAPC Participant Information Form

Children Form for 2020-2021

The information requested below is designed to assist the church in providing for the safety of minors during church sponsored activities.

Please complete using a **blue or black pen** and return to the *Registrations Drawer* in the church office.

Participant's Full Name: _____

Name Preferred : _____

Birthdate: _____

Address: _____

City/State/Zip: _____

Email: _____

School Attending: _____

Grade in School: _____

Cell Phone: _____

Is it okay to send text updates? Yes Or No

T-shirt Size/ Circle: Children OR Adult Size > Sm Med Lg XL XXL XXXL

Complete this section for the emergency contact:

Name : _____ Relationship: _____

Home Phone#: _____ Cell Phone : _____

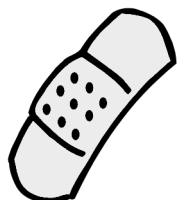
Parent (Mom or Dad?)/Guardian Email: _____

Parent (Mom or Dad?)/Guardian Workplace & Work Telephone#: _____

Parent (Mom or Dad?)/Guardian Address: Same as youth &/or please also send to: _____

Medical Questionnaire

- Is your child presently being treated for an injury, sickness, or taking any form of medication for any reason? Yes___ No___ (If yes, please explain.) _____
- Does your child have any allergies? Yes___ No___ (If yes, please explain.) _____
- Does your child require a special diet? Yes___ No___ (If yes, please explain.) _____
- Does your child ever sleep walk? Yes___ No___
- Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes___ No___ (If yes, please explain.) _____
- Any other information we should know about your child. _____
- Notes/Comments: _____



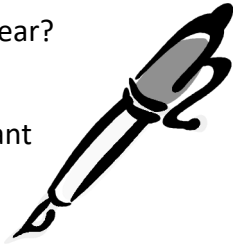
Sign Us Up!!! Is Parent/Guardian willing to help assist with any of the programs/classes this year?

If so, please circle/list:

Sunday School Teacher Sunday School Sub Trip Chaperone Choir Assistant

Preschool Ministry Team Elementary Ministry Team Youth Ministry Team

Together on Wednesdays Basketball Coach/ Assistant/ Concessions



Other: _____

Medical Treatment Authorization: I understand that I will be notified in the case of a medical emergency involving my son/daughter. However, in the event that I cannot be reached, I authorize the calling of a doctor and providing necessary medical services in the event they are injured or become ill. I understand that Oakland Avenue Presbyterian Church will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify Oakland Avenue Presbyterian Church in the event of any health changes which would restrict my son's/daughter's participation in any activities of the church. I also understand that the adult supervisors reserve the right to restrict my son/daughter from participating in any activity that they do not feel is within the physical capabilities of my child.

I hereby give permission to the physician selected by the adult in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for _____

Name of son/daughter.

Signature of Parent/Guardian

Date

Family Physician: _____

Phone: _____

Medical Insurance Provider: _____

Phone #: _____

Name Insured: _____

Policy #: _____

Consent and Certification: I, the undersigned, being the parent or legal guardian of the child/youth participant named above, do hereby consent to the participation of (named above) in the children's and youth ministry programs of Oakland Avenue Presbyterian Church for one year from the date of signature below. The ministries may include a variety of activities such as Sunday morning Church School, Sunday evening youth group meetings, sporting events, choir, retreats, and others. I certify that my child is physically fit and adequately trained to participate in such events (except as noted above) and is permitted to appear in pictures of church activities to be used for publicity purposes. Details concerning these various activities will be communicated in the various church publications such as the *Oakleaf* newsletter, the *Acorn* e-news, the website, and the Sunday morning bulletin.

Signature of Parent/Guardian

Date