

VIENNA PRESBYTERIAN CHURCH
STUDENT MINISTRIES REGISTRATION &
RELEASE AND HOLD HARMLESS AGREEMENT/MEDICAL INFORMATION FORM

This form is valid through Age 18 of participant.

Full Name _____ Goes By _____
Gender _____ DOB _____ HS Grad Year _____ School _____
Address _____ City _____ State _____ Zip _____
Phone _____ (h); _____ (c Student).
_____ (c Mother); _____ (c Father);
Parents/Guardians Names _____
E-Mails _____ (Mother); _____ (Father);
_____ (Student); _____ (Other)
Known allergies, physical concerns or other concerns _____

Insurance Co. _____ Policy# _____

Physician _____ Phone _____

Please list the name of nearest relative/friend (circle one) to be contacted in case of emergency if parents cannot be reached

Name _____ Home Phone _____ Cell Phone _____

By my signature, I, _____ the parent or guardian of
_____ grant my permission for him/her to participate fully in
activities or trips sponsored by Vienna Presbyterian Church. I understand that my signature carries with it the
following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Vienna Presbyterian Church from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.
4. An authorization to display photos and first name only of my child for VPC promotional purposes such as, but not limited to, bulletin boards, worship bulletins, worship screens, the VPC website and the SM Facebook page. (**Please note:** VPC does not control the disclosure or use of photographs or video taken by participants at events that are open to parents and community members. We encourage all parents to use social media sites (i.e. Facebook, etc.) responsibly.)

Signature of Parent or legal guardian

Date