

# Wake Forest Presbyterian Youth

## Youth Information 2009-2010

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birthday: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Youth Resides with: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell phone: \_\_\_\_\_

Youth Cell phone: \_\_\_\_\_

Circle one... Are you a Member of WFPC or Youth Visitor

\*Email is our primary form of communication. Please give an email address that you check regularly.

Youth Email

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Parent Email

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## Covenant for WFPC Youth Activities

I have willingly chosen to participate in the Youth Program at WFPC. I will speak up when I have a problem, need, or concern. I will listen/respond to the needs of others. I will respect the leadership and guidance of all the advisors and youth who are leaders. I will respect other's property and rights. I will use language and manners appropriate for these activities. I will not use controlled substances. I will not leave the event location at any time. I will encourage others to understand and abide by this covenant, striving to live as an example of faith and Christian belief to others around us.

I understand my responsibilities in fulfilling this covenant. Failure to do so may result in my being asked to leave the activity and my parents being called to come and get me. I enter into this covenant with myself, my Youth Group, my parents, and my God.

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# WFPC Youth Medical and Photograph Release

Youth Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications taken: \_\_\_\_\_

These items will be kept with advisors during youth activities and trips. By placing your initials by each item, you are giving WFPC Youth Advisors permission to administer initialed items to your son or daughter if the need arises.

- \_\_\_\_\_ Acetaminophen (Tylenol)
- \_\_\_\_\_ Advil
- \_\_\_\_\_ Benadryl
- \_\_\_\_\_ Antacid Tablets
- \_\_\_\_\_ Band-Aids/Dressings
- \_\_\_\_\_ Hydrocortisone Cream (Anti-itch cream)
- \_\_\_\_\_ Antibiotic Ointment
- \_\_\_\_\_ Hydrogen Peroxide
- \_\_\_\_\_ Ice Pack
- \_\_\_\_\_ Antiseptic Spray
- \_\_\_\_\_ Pepto-Bismol

I understand that the adult advisors will exercise maximum effort to insure the safety of my child, but I release them from liability in case of accidental injury. I also give permission for the Youth Advisors to seek and authorize medical help for my child should the need arise. I give the Youth Advisors permission to administer prescription and non-prescription drugs that my son or daughter may have brought with him/her. All medications must be checked in with the Youth Advisors.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for photographs taken during 2009-2010 youth activities, retreats, and mission trips including my child, be used in communications in the church website and newsletters, local Wake Forest/Raleigh news, and Presbytery and Synod communications.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_