



Youth Ministry

2011-2012 Campaign

Release & Registration Forms

Shepherd the flock of God that is among you, exercising oversight.
(1 Peter 5:2)

Keystone Youth Ministry Release Form

This form must be completed and signed by a Parent/Guardian for any youth who wants to participate in any Keystone Youth Ministry activity. This form will be kept on file and valid for a period of one (1) calendar year from the date on the bottom of this form. It is the responsibility of the undersigned Parent/Guardian to inform the Youth Pastor at Keystone Church of any changes to the youth's personal or medical or insurance information.

Parent(s)/Guardian(s) Names: _____

Youth #1: _____

Youth #3: _____

Youth #5: _____

Youth #2: _____

Youth #4: _____

Youth #6: _____

Emergency Contact If Parents Can not Be Reached:

Name: _____ Relationship: _____ (Home) _____ (Cell) _____

Youth Family Doctor Office: _____ Doctor's Name: _____ Office Phone: _____

Youth Family Doctor Office Address: _____

Please provide a copy of both sides of each youth's insurance card (the following is not necessary if copy of the insurance card is provided):

Health Insurance Company: _____ Group/Policy Number: _____ Insurance Phone: _____

Publicity Release There are those occasions when publicity pictures are taken of youth for newspaper articles, Facebook, keystonechurch.org and Keystone Church promotional and marketing materials. Please indicate your wishes:

_____ Yes, you may photograph my children for promotional and marketing materials. _____ No, do not photograph my children for use in publicity materials.

The undersigned(s) being lawful parents(s) and/or guardian(s) of the above-named Youth (the "Youth"), hereby consents to the participation by the Youth in Keystone Youth Ministry (Junior High Ministry or Senior High Ministry) and all Youth Ministry related activities conducted by Keystone Church.

The undersigned hereby further authorizes any of the staff, employees, volunteers, directors, and agents of Keystone Church to provide for, approve, and authorize any health care at any hospital, emergency room, doctor's office, or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental, or other health authorities incident to the provision of medical, surgical, or dental care to the Youth. Health care shall include but not be limited to the administration of anesthesia, X-Ray examination, performance of operations, diagnostic, and other procedures.

If there is no medical emergency, an agent of Keystone Church will first use reasonable efforts to contact the parent(s)/guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Release Form, Keystone Church shall not have the authority to withhold or withdraw life-sustaining procedures for the Youth.

The undersigned further acknowledges that any Keystone Church activity may include the Youth being transported in a Keystone Church provided van or bus or personal vehicle and that those drivers will possess a valid driver's license and insurance and be older than age twenty-one (21).

The undersigned assumes all risk of injury or harm to the Youth associated with participation in Keystone Youth Ministry activities and agrees to release, indemnify, defend, and forever discharge Keystone Church and its staff, employees, volunteers, directors, and agents of and from all liability, claims, demands, damages, costs, expenses, actions, and causes of action (collectively, the "Claims") in respect of death, injury, loss, or damage to the Youth or by the Youth, howsoever caused, arising or to arise by reason of or during the Youth's participation in the activity.

This Consent Form may be revoked by parent(s)/guardians(s) at any time before the expiration date with **written notice** to the Keystone Church Youth Pastor.

Signed on the _____ (day) of _____ (month), _____ (year)

Signature of Parent/Guardian

Signature of Parent/Guardian

Keystone Youth Ministry Registration Form

Parent(s)/Guardian(s) and Other Contacts

■ Please Indicate Primary Phone:

Father/Guardian's:

Name: _____ (Home) _____ (Work) _____

(Cell) _____ (Email) _____

Address: _____

Mother/Guardian's:

Name: _____ (Home) _____ (Work) _____

(Cell) _____ (Email) _____

Address: _____

Youth Information

Youth #1 Name: _____ Date of Birth: _____ Grade(2011-2012) School Year: _____

Youth Email: _____ Youth Cell Phone: _____ School : _____

Would you like to receive text message updates (standard messaging rates apply) Yes No

Special Needs or Information: _____

Youth #2 Name: _____ Date of Birth: _____ Grade(2011-2012) School Year: _____

Youth Email: _____ Youth Cell Phone: _____ School : _____

Would you like to receive text message updates (standard messaging rates apply) Yes No

Special Needs or Information: _____

Youth #3 Name: _____ Date of Birth: _____ Grade(2011-2012) School Year: _____

Youth Email: _____ Youth Cell Phone: _____ School : _____

Would you like to receive text message updates (standard messaging rates apply) Yes No

Special Needs or Information: _____

Youth #4 Name: _____ Date of Birth: _____ Grade(2011-2012) School Year: _____

Youth Email: _____ Youth Cell Phone: _____ School : _____

Would you like to receive text message updates (standard messaging rates apply) Yes No

Special Needs or Information: _____

Youth #5 Name: _____ Date of Birth: _____ Grade(2011-2012) School Year: _____

Youth Email: _____ Youth Cell Phone: _____ School : _____

Would you like to receive text message updates (standard messaging rates apply) Yes No

Special Needs or Information: _____

Youth #6 Name: _____ Date of Birth: _____ Grade(2011-2012) School Year: _____

Youth Email: _____ Youth Cell Phone: _____ School : _____

Would you like to receive text message updates (standard messaging rates apply) Yes No

Special Needs or Information: _____
