

NRPC Youth Information 2015-2016

Name: _____

Age: _____ Date of Birth:

Grade: _____ School: _____

Address:

Parents/Guardians: _____

Youth Resides with: _____

Home Ph:

Parent Cell Ph:

Youth Cell Ph: _____

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

Parent

_____ @ _____

Youth

_____ @ _____

Covenant for NRPC Youth Activities

I have willingly chosen to participate in the Youth Program at NRPC. I will speak up when I have a problem, need, or concern. I will listen and respond to the needs of others. I will respect the leadership and guidance of all advisors. I will respect others' 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

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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 enter into this covenant with myself, my Youth Group, my parents, and my God.

Youth Signature: _____ Date: _____

2015-16 North Raleigh Youth Medical and Photo Release

Youth Name: _____

Emergency Contact: _____ Ph: _____

Physician: _____ Ph: _____

Insurance Co: _____ Ph: _____

Name of Insured: _____

Allergies: _____

Medications taken regularly: _____

These items will be kept with advisors during youth activities and trips. By placing your initials by each item, you are giving NRPC 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

____ Antibiotic Ointment

____ 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 Signature: _____ Date: _____

I give permission for photographs taken during the 2015-2016 youth activities, retreats, and mission trips including my child, to be used in communications in the church website and newsletters, local Raleigh news, and Presbytery and Synod Communications.

Parent Signature: _____ Date: _____