



# The Shepherd's Place

*I am the Good Shepherd – John 10:14*

## Youth Registration Form

Program Year \_\_\_\_\_ - \_\_\_\_\_ Program Location \_\_\_\_\_

Participant Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Special instructions or information about youth: \_\_\_\_\_

\_\_\_\_\_

Approved Mode(s) of Transportation: \_\_\_\_\_

Person(s) authorized to pick up youth: \_\_\_\_\_

Emergency contact if parent or guardian cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency contact phone \_\_\_\_\_

By signing this document, I/we do hereby release, acquit, hold harmless and forever discharge The Shepherd's Place, its employees, volunteers, board members, officers, committee members, and all connectional entities and personnel from any and all claims or causes of action of any kind whatsoever, included but not limited to bodily injuries, death or property damage which may be sustained by the child named above while participating in any activity, including travel to and from such activity, offered by The Shepherd's Place. I/we give permission for The Shepherd's Place to use or publish photographs, video or audio recordings, and any other material in which the child may have appeared, spoken, written for use in newsletters, brochures, periodicals, posters, websites, or other media. In the event of a medical incident or emergency involving this child, and if I/we cannot be reached in a reasonable time, I/we give permission to The Shepherd's Place employees or volunteers to secure medical, dental, or emergency services to respond to the medical need, and I/we authorize those medical service providers to carry out any tests, procedures and services needed to treat this child. Having read and understood the above release form, I/we sign this form.

Signature of Youth Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

<p><i>Office Use:</i> On file: <input type="checkbox"/>Registration    <input type="checkbox"/>Code of Conduct    <input type="checkbox"/>Medical (if needed) Parking Pass Issued?    Y    N Parent/Guardian Contacted?    Y    N</p>
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