

First Presbyterian Church, Green Bay WI
Youth Ministry 2023-2024
Family Registration Form

Youth in Family: Name	Age & Date of Birth	School Grade 2023-24
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Names: _____

Street Address: _____

City: _____ Zip: _____ Home Phone: _____

Youth Email(s): _____

Parent Email(s): _____

Youth Cell Phone(s): _____

Parent Cell Phone(s): _____

Emergency contact (other than parents) : _____

Relationship: _____ Phone: _____

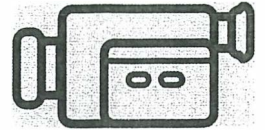
Please list any allergies, physical or health problems, or any medication here (Make sure you specify the child in question):

Signature of parent(s)/guardian(s): _____

_____ Date: _____



First Presbyterian Church, Green Bay WI Photo/Video Release Form



Throughout the program year 2023/2024, your youth may be photographed or videotaped in classes, youth group meetings, worship services, or fellowship events. These photos or videos could be used in church advertising & marketing including printed newsletters and fliers, the church website, or other online media. ***When photos or videos are used, children's last names will not be published.*** We have been advised that we need to have parental permission to use photos and/or videos that include anyone under the age of 18. Please indicate below if you give permission to the church for your youth.

____ FPC-GB has my permission to use photos/videos of my youth in published and online media.

____ FPC-GB **may not** use photos/videos of my youth in published and online media.

Names of youth:

Signature of parent(s)/guardian(s): _____

Date: _____

LIABILITY RELEASE

I, the undersigned parent(s) or legal guardian(s) for the above named youth forever discharge and agree to hold harmless First Presbyterian Church, Green Bay WI and its representatives from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my youth in the course of participation in any events and or activities for the program year 2023-2024.

Furthermore, I give permission for any representative of the Church to obtain necessary medical treatment for my youth. I assume responsibility for any bills incurred.

Signature of parent/guardian(s): _____

Date: _____