

**Chester Presbyterian Church**

**YOUTH DIRECTORY FORM**

**YOUTH NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOME #** \_\_\_\_\_

**Grade** \_\_\_\_\_ **School** \_\_\_\_\_ **YOUTH Cell #** \_\_\_\_\_

**PARENT'S NAME: FATHER:** \_\_\_\_\_ (W) \_\_\_\_\_

**MOTHER:** \_\_\_\_\_ (W) \_\_\_\_\_

**E-MAIL ADDRESS:** Parents: \_\_\_\_\_ Youth \_\_\_\_\_

**LIST PERSON TO CALL IN AN EMERGENCY:**

**NAME:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ALLERGIES/MEDICAL CONDITION:** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**RELEASE FORM**

**I understand that my child will be participating in activities at Chester Presbyterian Church and at other locations as well as with other youth groups. I support the activities and decisions of the Youth Ministry Council along with the Youth Ministry Team.**

IN THE EVENT OF ILLNESS AND/OR INJURY INCURRED BY MYCHILD \_\_\_\_\_, I AUTHORIZE THE DIRECTOR OF YOUTH MINISTRIES AND/OR ADULT ADVISORS OF THE CHESTER PRESBYTERIAN CHURCH YOUTH PROGRAM TO CONSENT TO EMERGENCY TREATMENT OR CARE OF MY YOUTH AND TO EXECUTE ANY DOCUMENTS IN MY NAME, PLACE AND STEAD TO ACCOMPLISH THIS PURPOSE. HOWEVER, THE ADMINISTRATORS OF THE CHESTER PRESBYTERIAN CHURCH YOUTH PROGRAM SHALL FIRST MAKE ALL REASONABLE EFFORTS TO INFORM ME OF SUCH ILLNESS OR INJURY AND OBTAIN INSTRUCTIONS RELATIVE TO THE CARE AND TREATMENT OF SAID MINOR YOUTH. SAID CARE OR TREATMENT SHALL BE PROVIDED BY A RESCUE SQUAD OR AT THE NEAREST HOSPITAL. ALSO I GIVE UP THE RIGHT TO HOLD ACCOUNTABLE CHESTER PREBYTERIAN CHURCH, CHURCH STAFF, ADULT LEADERS, OR THE OTHER YOUTH FOR ANY ACCIDENTAL OCCURRENCE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT'S OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
INSURANCE NUMBER