

YOUTH PARTICIPATION FORM

FIRST CHRISTIAN CHURCH

215 N MAIN • PENDLETON, OR 97801 • 541 276 5358

Date: _____

Child's Name _____ Date of Birth: _____

Parent's Name: _____

Address of Child _____ Home Phone: _____

_____ Cell Phone: _____

_____ Parent Work Phone: _____

Email Address _____ Parent _____ Child _____

Emergency Contact: (if parents are unavailable):

Name: _____ Phone: _____

Doctors Name: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

In Case of emergency, I give First Christian Church the authority to do the following for my child if I am unavailable:

- First Christian Church may obtain emergency medical transportation to the nearest Hospital.
- First Christian Church may obtain emergency medical services at the nearest Hospital.

Please note any other special information regarding your child that would be helpful (allergies, behavioral difficulties, needed medication etc.)

Parent Signature: _____ **Dated:** _____

Additionally, I give First Christian Church my permission to do the following for my child:

- Provide Transportation to and from youth events and activities.
- Photograph my child for use in promotional activities (bulletin boards, powerpoint presentations, church news releases, church website and for the local newspaper, etc.)

I, the undersigned parent and/or legal guardian, give my permission for my child to attend Youth Events and Activities. I will not hold First Christian Church, it's member or personnel responsible should a health issue or accident occur. Additionally, I acknowledge that my child must be picked up by a parent or by a person with written parental permission.

Parent Signature: _____ **Dated:** _____