



CPC Youth Group Parental Consent

Grades 6-12

June 1, 2018-September 30, 2019

Complete one form for each participant. Please print.

Student's Name _____ Birth Date _____

Grade _____ School _____

Check one: Student will ride the bus. _____ Student will be dropped off at the church. _____

Home Address _____

City _____ Zip _____

Where are you a church member? _____

If you do not have a church home, would you like to be one of our community partners? YES/NO

If yes, we will include you on our weekly email blast, Facebook group, and mailings so you can stay up to date with the various great CPC happenings.

If you would like more info. on how to become a CPC Church Member, mark the box below and additional information will be sent to you .

YES, I'M INTERESTED IN HOW TO TO BECOME A CPC CHURCH MEMBER

Parent/Guardian Information:

Guardian's Full Name: Mom: _____ Dad: _____

Work Phone: Mom: _____ Dad: _____

Cell Phone: Mom: _____ Dad: _____

Best Email to Use: Mom: _____ Dad: _____

Email notifications, including upcoming events, important 4:12 dates and change/cancellations, and announcements will be sent to the email address listed. Please watch for emails from kacie@cpcob.org and cpcyouth412@gmail.com

Nearest relative or friend to contact in case of emergency:

Full Name: _____ Relationship: _____

Their Work Cell Phone: _____

Cost: A contribution is requested of \$50 per student for the year to help pay for snacks and supplies. You may choose to donate snacks instead of the \$50.

***4:12 Youth Group Christ Presbyterian Church
Medical Release and Participation Waiver
June 1, 2018-September 30, 2019***

The Undersigned parent(s) or legal guardian(s) of (student Name)

_____, herein referred to as "Student," do hereby authorize said student to travel with the Christ Presbyterian Church Student Program on planned activities. As part of the activities sponsored by Christ Presbyterian Church, hereinafter referred to as the "Church," from June 1, 2018, through September 30, 2019, I do hereby waive and release the church, its representatives, and successors from all claims or liabilities, expenses, and/or damages of any kind arising from my child or ward's participation in said trips. Further, the undersigned hereby grants unto (adult youth leaders), as representatives of the Church, and any other representatives of the church who are in charge of said trip, full power, authority, rights and privileges to care for above student during said trip. The undersigned agree to be responsible for any such medical care incurred by the above student and will save and hold harmless the church from the costs of such medical care. Furthermore, I have completed the attached medical form for my child.

Name of Parent or Guardian

Signature

Name of Parent or Guardian

Signature

State of Florida, County of Volusia

Before me personally appeared _____ and _____

To me well known to be the person(s) described in and who executed the forgoing instrument, and acknowledged to and before me that they executed said instrument for the purposes therein expressed.

Witness my hand and seal this _____ day of _____, _____

Notary Public, State of Florida



CHRIST PRESBYTERIAN CHURCH

A Christ-centered family called to witness, serve, and love the world

1035 West Granada Boulevard
Ormond Beach, FL 32174-9169
386.677.4076

Student Media Consent and Release Form

Please print. One form per child.

Throughout the school year, students may be highlighted in efforts to promote CPC activities and achievements. For example, students may appear in our weekly Email Blast, monthly *Clarion* newsletter, in our Sunday announcements, or on our website, cpcob.org, and other types of media.

I, as the parent or guardian of _____,
hereby give _____ **prohibit** _____ CPC and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither CPC nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve CPC, its governing board, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

****Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests. ****

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____

Christopher Chandler, Pastor

Kacie Fuller, Director of Youth and Children; Myra Wooden, Minister of Music

MEDICAL INFORMATION

PLEASE LIST ANY SPECIAL CONDITIONS, ALLERGIES, AND ANY MEDICATION YOUR CHILD IS PRESENTLY USING ON A REGULAR BASIS. PLEASE INDICATE ANYTHING THAT WE MIGHT NEED TO KNOW REGARDING THE HEALTH AND SAFETY OF YOUR CHILD. _____

Please sign below affirming you understand all the information in this form and, if noted above, that you consent for your child to be picked up from school by the Christ Presbyterian Church bus, approved volunteer, or staff.

Parent/Guardian Signature

Date

PLEASE PROVIDE US WITH A COPY OF INSURANCE CARD FOR YOUR CHILD. WE WILL BRING THIS WITH US WHEN WE TAKE OVER NIGHT TRIPS WITH YOUTH STUDENTS.

*Students will not be able to be transported without a signed registration and consent form.
All Checks should be made out to Christ Presbyterian Church (or just CPC is fine).*

Please also complete, sign, and return the following Media Consent form.

----- **FOR OFFICE USE ONLY.** -----

PAYMENT DATE: _____ AMOUNT: _____

COPY OF MEDICAL INSURANCE CARD RECEIVED _____

CHECK # _____ CREDIT CARD _____ CASH _____ SCHOLARSHIP _____

RECEIVED BY: _____