

**Windy Gap Evangelical Presbyterian Church
Youth Group/VBS Registration (one per family)**

Preferred "Family" name (e.g. The "Smith" Family): _____

Children (age 18 & under. List additional on back, or attach separate sheet)

Name (First & Last)	Gender (M/F)	Birthdate	2020 Grade Finished

Allergies/Medical Conditions (Please list separately for each child, use back/separate sheet if necessary):

Family Contact Information

By providing the following information, you will be added to our mailing list to be notified by mail/email of upcoming events. Additional contact information may be provided on the back/separate sheet.

Address: _____

Phone: (Home) _____ (Cell) _____

Email: _____ Name of home church: _____

Preferred method(s) of contact: Texting Phone (voice) Email "Snail" Mail

For text messages (check one): use for emergencies and personal communication, only
 include in all youth-related communications (e.g. reminders, announcements, special events)**

** Please Note: By checking the "texting" options above, you give us permission to share your cell phone number with a group text messaging service. Your phone number will NOT be sold or shared for commercial services, nor be visible by other recipients on the list.

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Alternate Emergency Contact name: _____

Relationship to Child(ren): _____ Phone: _____

Name of person bringing child(ren) to Youth Group/VBS: _____

Relationship to child(ren): _____ Phone: _____

Other individual(s) who have permission to pick up these child(ren):

Name	Relationship to child(ren)	Phone

Permission and Release

I attest that the aforementioned child/ren are my own or have been given to my care by their parents/legal guardians. I give permission for the child/ren under my care to attend Youth Group, VBS, and other youth-related events at Windy Gap Evangelical Presbyterian Church (WGEPC). I understand that the activities the child/ren will be participating in will have inherent dangers that no amount of care, caution, instruction, or expertise can eliminate. By my signature I release WGEPC, its pastor and all representatives (including the event organizers and chaperones) from any action for personal injuries, or injuries to property, real or personal, caused by or arising out of the aforementioned event.

- By checking this box, I give Windy Gap EPC permission to use photos taken of my child/ren in brochures, church web page, Facebook, etc. for the purpose of advertising the church and its events. My child/ren will not be specifically named.*

Signature

Date