



**FIRST PREBYTERIAN CHURCH OF MEXICO, MISSOURI**  
**2016-2017**  
**PARTICIPANT INFORMATION FORM**  
**& RELEASE OF LIABILITY**

**Student Ministries**

**PERSONAL INFORMATION**

Name of Participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone # (Participant Only): \_\_\_\_\_

E-mail (Participant Only): : \_\_\_\_\_

**Circle One**

Parents/Guardians' Name: \_\_\_\_\_ Best Phone #: \_\_\_\_\_ Cell Home Work

Parents/Guardians' Name: \_\_\_\_\_ Best Phone #: \_\_\_\_\_ Cell Home Work

**In case Parent/Guardian cannot be reached contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**MEDICAL**

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications & Taken For

Allergy <i>Food, Medicine or Environment</i> & Medication Required

**RELEASES** *(Valid from date signed til 7/31/2017)*

**Media Release**

I agree that as a participant in First Presbyterian Church of Mexico's youth and children's programs, my child may be photographed or videotaped during the events. I also agree that these may be used in presentation & promotional materials including on the internet and social media.

**Medical Release**

I give permission to church employees and volunteers for my child to receive medical attention and necessary treatment for any injury incurred.

**Transportation Release**

I give permission for my child to be transported, as necessary, for any activity by certified church employee or volunteer.

**Release of Liability**

The undersigned understands that each participant must assume the risk of injury that could result from any activities. The undersigned releases FPC Mexico, its employees and volunteers and invitees from any and all liability, claims or causes of action for loss of or damage to property or any injury to the participant arising from participation in FPC Mexico activities. In signing this application, I hereby certify that this information is correct and give permission for the release of medical records in case of illness or accident.



Participant's (if at least 18 years old) or Parent/Guardian's Signature

Signature Date