

FIRST PRESBYTERIAN CHURCH  
ALBEMARLE, NORTH CAROLINA  
2018-2019 YOUTH CLUB REGISTRATION  
*TRUSTY TRAVELERS*  
(K-3<sup>rd</sup> Grade)



Please complete one registration form for each child.

**Fall Semester**

September 12 – December 12 from 3:15 p.m.–5:15 p.m.

**Spring Semester**

January 2 – April 17 from 3:15 p.m.–5:15 p.m.

<u>Name of Child</u>	<u>Birthday</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____

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PARENTS' NAMES (FIRST AND LAST) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT(S) CELL PHONE NUMBER(S) \_\_\_\_\_

EMERGENCY CONTACT NAME AND NUMBER

1.

2.

**YOUTH CLUB MEDICAL RELEASE FORM**  
**(Trusty Travelers)**  
**2018-2019**

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

(Please list full name, relationship and phone number)

1.

2.

In the event of an emergency requiring medical treatment, I give my permission to the church staff or designee to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

PHYSICIAN'S NAME \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

PLEASE LIST ANY MEDICAL INFORMATION YOU FEEL NECESSARY FOR US TO KNOW ABOUT YOUR CHILD/CHILDREN. (ALLERGIES, ETC.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give my child/children permission to travel in town on Youth Club projects during the 2018-2019 Youth Club year.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_