

2009-2010 Student Ministries Registration Form
Instructions for completion and submission

- 1. Print the two attached pages.**
- 2. Please fill out pages 2 and 3 for EACH child.**
Please DO not list multiple family members on one form.
- 3. Be sure to SIGN the form at the bottom of page 3.**
- 4. Return pages 2 and 3 of form to Vienna Presbyterian Church in one of the following ways:**
 - a. Mail: Vienna Presbyterian Church**
124 Park ST NE
Vienna, VA 22180
 - b. FAX: 703-938-8264**
 - c. Scan and e-mail to melissa.jensen@viennapres.org**
 - d. Drop off at the Student Ministries office at VPC (L-9)**

2009-2010 Student Ministries Registration
Fill out both Front AND Back of form
(check box for all activities student plans to participate in)

*****ONE FORM PER STUDENT PLEASE*****

Youth Group/Sunday School Youth Choir Youth Orchestra

Full Name _____ (Goes by Name) _____

Parent's Name(s) _____

DOB _____

Address _____ City _____ Zip _____

Home Phone _____ Parent Cell _____

Student Cell _____

Student E-mail _____

IM Screen Name _____

Look for us on Facebook under Vienna Presbyterian Church then "friend" us

Parent E-mail(s) _____

Grade 2009-2010 _____

School Attending _____

T-Shirt Size (circle one) AS AM AL AXL A2XL

Anything we need to know about your student.

Questions? Please call Student Ministries at VPC 703-938-9050
Barry ext.130; Kim ext.129; Liz ext.128

VIENNA PRESBYTERIAN CHURCH
STUDENT, YOUTH MUSIC, AND CHILDREN'S MINISTRIES
RELEASE AND HOLD HARMLESS AGREEMENT/MEDICAL INFORMATION FORM
2009/2010 STUDENT and YOUTH MUSIC/ARTS MINISTRY ACTIVITIES

This form is valid through September 1, 2010

Name _____ Sex _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Parent's Names _____

Guardian Name (if different) _____ Cell _____

Mother's Occupation _____ Work Phone _____

Father's Occupation _____ Work Phone _____

Known allergies or Physical concerns _____

Hospitalization Insurance Co. _____ Policy # _____

Physician _____ Phone _____

Please list the name of nearest relative/friend (circle one) to be contacted in case of emergency if parents cannot be reached

Name _____ Home Phone _____ Cell Phone _____

By my signature, I, _____ the parent or guardian of _____
grant my permission for him/her to participate fully in activities or trips sponsored by Vienna Presbyterian Church. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Vienna Presbyterian Church from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.

Signature of Parent or legal guardian

Date

PRE-TRIP SIGNATURE AREA BELOW – OFFICE USE ONLY

