

Roc SALT
Rochester Serving and Learning Together
68 Ashland Street
Rochester NY 14620

Youth Registration Form

Name _____

Grade _____ Pronoun _____ Nickname _____

Church affiliation _____

Address (home)

Mission Dates _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone number: _____

Allergies _____

If yes reactions/recommended interventions

Do you have any special concerns we should be aware of?

Media Release and Permission Form

Participant Name _____

Promotional Use:

We (I) realize that pictures and video of youth may be used (without names) on ROC SALT and Presbytery websites along with printed marketing materials, presbytery/church newsletters and social media pages for the purpose of sharing the activities and promoting ROC SALT's mission work. I hereby give permission for my child to be included in such postings and materials.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

All mission participants must also submit two mandatory forms (attached)

___ Medical Form

___ FoodLink volunteer registration (if applicable)

**ROC SALT Mission Center
Medical Form**

Name _____

Birth Date _____ Email Address _____

Address _____
(Include street or box number, street, city, and zip code.)

Phone Number _____ Cell Phone Number _____

Primary Physician _____ Phone _____

Dentist _____ Phone _____

Special Medical/Other Conditions _____

Date of last tetanus shot _____

Ongoing medications _____

If necessary, can the program staff or adult leaders administer any of the following?

- _____ aspirin
- _____ acetaminophen
- _____ ibuprofen
- _____ antihistamine or decongestant
- _____ motion sickness medication
- _____ laxative or anti-diarrhea medication
- _____ antibiotic ointment
- _____ antibacterial cream
- _____ eye ointments or drops

Specific directions _____

Allergies (medicine, food, insects etc.) _____

Health Insurance Company _____

Policy Number _____

Name of insured _____

Does your insurance company require a second opinion before emergency procedures can be undertaken? _____ Yes _____ No

Please provide a copy of the insurance card.

Parental Information for Youth

Parent /Guardian 1 _____

Home Address _____
(Include street or box number, street, city, zip code.)

Work Place _____

Home Phone Number _____ Work Place Phone Number _____

Cell Phone Number _____ E-mail _____

Parent/Guardian 2 _____

Home Address _____
(Include street or box number, street city, zip code.)

Home Phone Number _____ Work Place Phone Number _____

Cell Phone Number _____ E-mail _____

Emergency Contact Information (other than parents)

Name _____

Address _____
(Include street or box number, street, city, and zip code.)

Home Phone Number _____ Work Place Phone Number _____

Cell Phone Number _____ E-mail _____

Authorization

I give my child _____ permission to participate in ROC SALT's mission programs. I understand that these programs may involve physical and recreational activity, and I understand that every effort will be made to ensure the health and safety of all participants. In the event of an emergency, I authorize calling a physician at my expense to provide whatever medical or surgical care is necessary. I understand that I will be notified as soon as possible in case of an emergency affecting my child. I agree to indemnify and hold harmless ROC SALT Mission Center, the Presbytery of Genesee Valley and their partner service organizations, their officers, agents, volunteers and employees from any and all claims, loss, cost, damage or expense arising out of or from any accident or other occurrence, causing injury to any person or property. Should any medical treatment be necessary and I cannot be reached, I authorize the advisors and staff in charge to act on my behalf to approve appropriate treatment

and care. I understand that this authorization covers both events on and off of ROC SALT Mission Center grounds as well as work with partner organizations.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____