

**PYC 2009—2010 Registration and Medical Release Form
Presbytery of the Peaks/Lynchburg, Virginia/24501**

Participant's Information

First Name	Middle Initial	Last Name
Street/Mailing Address	City/State	Zip Code
Phone Number	E-Mail Address	
School Attending	Grade	
Date of Birth	Adult advisors may give my child ibuprofen (Advil) or Tylenol ? Yes _____ No _____ (please initial)	

Parent's/Guardian Information

Mother's First Name	Middle Initial	Last Name
Father's First Name	Middle Initial	Last Name
Mother's Work Number	Mother's Cell Number	Home Phone Number
Father's Work Number	Father's Cell Number	Family E-Mail

Participant's Health Information

Date of last Tetanus Shot	Regular Medication—Description & Schedule	Know Allergies/Medication that should NOT be given:
Pertinent Medical History including Allergies		
	Primary Doctor	Doctor's Telephone Number

Health Insurance Information

Major Medical & Health Insurance Company	Insurance Company Telephone Number
Group Number	Policy Number

My son/daughter/dependant _____ has my permission to travel to and from and to participate in Presbytery of the Peaks activities under Presbytery supervision from 8/21/2008 to 8/31/2010. With the understanding that The Presbytery will assure that the activity is properly supervised, I hereby relieve Peaks Presbytery, the leadership thereof, and the persons conducting this activity of any liability in connection with my son's/daughter's/dependant's participation in this activity. In the event of injury, illness, or medical emergency, I understand an attempt will be made to contact me at the phone numbers provided above. If I cannot be reached in time, I hereby authorize the Presbytery of the Peaks adult chaperones to seek medical, rescue, or evacuation services for my son/daughter/dependent with the understanding that I am responsible for any expenses incurred.

I also understand that I am obligated to provide the Presbytery of the Peaks with updated medical information on my son/daughter/dependant should any of his/her medical information change between the date I sign this form and 8/31/2010.

_____ Parent's Signature _____ Date