



| Child's First & Last Name | Date of Birth | Gender | Grade |
|---------------------------|---------------|--------|-------|
|                           | / /           | M F    |       |
|                           | / /           | M F    |       |
|                           | / /           | M F    |       |
|                           | / /           | M F    |       |

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent (or guardian) Name \_\_\_\_\_  
(first & last)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**We will use email to get information to you. So, please provide if possible.  
Your email address will not be given to anyone else.**

Emergency Contact Name \_\_\_\_\_  
If parent cannot be reached during club hours, please provide local contact

Emergency Phone \_\_\_\_\_

Church You Attend  PEFC member  PEFC attend regularly  
 Other \_\_\_\_\_

Are you currently helping in our clubs or youth group?  Yes  No

Where are you helping? \_\_\_\_\_

**T-Shirt Size**  Youth Small  Youth Medium  Youth Large  
 Adult Small  Adult Medium  Adult Large  Adult Extra Large

**Awards & Materials Fee** \$25 \$ \_\_\_\_\_

*Includes Club T-Shirt (same shirt for two club years)  
Some field trips may cost an additional \$1 to \$5.  
We will keep extra costs to a minimum.*

**\$5 discount for each child if registered by September 14<sup>th</sup>**

Sub-Total \$ \_\_\_\_\_

Early Registration Discount \$5 per Child Total Credit \$- \_\_\_\_\_

**Financial assistance is available upon request. TOTAL \$ \_\_\_\_\_**

OFFICE USE ONLY – Do not write in this box.

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash Date Paid \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash Date Paid \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash Date Paid \_\_\_\_\_

Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_  Cash Date Paid \_\_\_\_\_

Emergency Medical Authorization form completed?  Yes

Financial Assistance Granted?  No  Yes Amount \$ \_\_\_\_\_

We value parental involvement in our club ministry. If you are a ministry volunteer on Wednesday nights, we thank you for your partnership. If not, please consider joining our team. To find your place in this ministry, contact our Children's Pastor, Rick Hart ... phone: 783-2636 OR email: [pastorrick@ocsnet.net](mailto:pastorrick@ocsnet.net)

**Emergency Medical Authorization on reverse side  
MUST be completed.**

**Don't forget to fill out the  
Emergency Medical Authorization  
on the back page.  
THANKS!!**

# Emergency Medical Authorization

Porterville Evangelical Free Church

**Children's Ministries**

In case of a medical emergency, I hereby give authority to any hospital and/or emergency medical personnel to render immediate medical aid as may be required at the time for his/her health and safety, including transport if necessary, for the child/children listed below:

| Child's First & Last Name | Known Allergies | Other Medical Conditions |
|---------------------------|-----------------|--------------------------|
|                           |                 |                          |
|                           |                 |                          |
|                           |                 |                          |
|                           |                 |                          |

**Parent's Full Name** \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contacts:**

|   | Name | Home Phone | Cell Phone | Relationship to Child/Children |
|---|------|------------|------------|--------------------------------|
| 1 |      |            |            |                                |
| 2 |      |            |            |                                |

**Medical Insurance Carrier** \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

**Name of Doctor** \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_

**Hospital Preferred** \_\_\_\_\_ **Date of Last Tetanus Shot** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / year

**Parent's Signature** \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## PICK-UP PERMISSION

I, the parent who signed above, authorize the following people to pick up my child/children after church events:

Same people listed above as **Emergency Contacts** (if this box is not checked, please list authorized persons below)

|   | Name | Home Phone | Cell Phone | Relationship to Child/Children |
|---|------|------------|------------|--------------------------------|
| 1 |      |            |            |                                |
| 2 |      |            |            |                                |