



Registration Form For ALL Events/Programs (Grades 6-12)

September 2018 – August 2019

To be completed ONCE for use during September 2018-August 2019, unless medical information changes / used for any and all youth ministry events, trips, retreats & programs. MUST be completed!

Please Circle All Programs You Wish To Register For, This Program Year:

Agape MS Breakfast Club 9th Grade Confirmation MS/HS Sunday School MS/HS Fellowship Other/Trip: _____

Student Name (First,Middle,Last) _____ D. O. B. ____/____/____ Grade (Fall '18) _____

Street Address _____ City/State/Zip _____ Home Phone# _____

Student Cell Phone # _____ Student Email _____

T Shirt Size (Circle One) S M L XL 2XL (HS Mission Trip Only) United Airlines Frequent Flyer Number _____

Parent/Legal Guardian Name _____ Member of PCW? Please Circle: YES / NO

Parent/Guardian Cell # _____ Parent/Guardian Email _____

Parent/Legal Guardian Name _____ Member of PCW? Please Circle: YES / NO

Parent/Guardian Cell # _____ Parent/Guardian Email _____

If parent/guardian is not available, in case of emergency, please contact:

Name/Relationship _____ Best Contact Number: _____

MEDICAL INFORMATION (All medical information is kept strictly confidential.)

Name of Family Physician _____ Phone # _____

Name of Dentist/Orthodontist _____ Phone # _____

IMMUNIZATION HISTORY: If possible, please attach the immunization list from the physician.

Date of last medical exam: _____ DPT Series/Tdap/Tetanus Shot Date: _____

LIST ALL ALLERIGES TO FOOD OR N/A _____

LIST ALL ALLERGIES TO MEDICATION OR N/A _____

DATE(S) OF RECENT OPERATIONS OR SERIOUS INJURY OR N/A _____

CHRONIC OR RECURRING ILLNESS(ES) OR N/A _____

SPECIAL DIETARY NEEDS/VEGETARIAN OR N/A _____

PLEASE CHECK EACH OF THE FOLLOWING MEDICATIONS THAT MAY BE ADMINISTERED TO YOUR CHILD:

_____ Tylenol _____ Benadryl _____ Senokot(Laxative) _____ Ibuprofen _____ Pepto Bismol _____ Immodium

INSURANCE INFORMATION (In case of emergency.)

Medical Insurance Company Name _____ Member ID _____

Group/Policy Number _____

I/We give permission for my child to participate in the Presbyterian Church in Westfield's Middle School and/or High School ministries weekly meetings, activities, and trips during the year 2018/2019. I/We wish to make clear our understanding that the Presbyterian Church in Westfield is hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the Presbyterian Church in Westfield, and hold it harmless from any claim or demand which might be asserted in connection with these meetings, activities, and trips. In case of a medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by an adult leader and efforts have been made to contact the participant's parents. I/We assume full responsibility for such care. As a participant, your child's image, name, and voice, as well as any presentation, speech, or written document submitted by him/her, may be used, reproduced, distributed and/or modified by the Presbyterian Church in Westfield at any time in a variety of media for a variety of purposes including, but not limited to, print, video, photographs, all of which may be available on the Internet. By signing below you indicate that you have read and understand the terms and conditions of this 2018/2019 Registration Form. Also by signing below, you authorize medical care for your son/daughter in the event of an illness, injury and/or emergency.

Signature of Parent/Legal Guardian

Date



Terms of the HSMT 2019 Registration

These terms must be agreed upon prior to submitting a non-refundable deposit. In order to attend this year's High School Mission Trip (HSMT), each student will need to have met the HSMT 2019 Expectations by May 19, 2019**

**Please note: this deadline has been extended. In order for your child to attend, they will have to meet the requirements for the trip by the new date of May 19, 2019. By checking the I AGREE box below, you agree that your child will fulfill these requirements, and, if they are unable to meet them for any reason by the deadline of May 19, 2019, will forfeit their deposit of \$400.

CHECK "I AGREE" PRIOR TO SUBMITTING YOUR DEPOSIT

I AGREE

STUDENT'S NAME & GRADE

PARENT/GUARDIAN SIGNATURE

DATE



SUMMER TRIP/RETREAT 2019 Medication Form

TO THE PARENT(S) OR LEGAL GUARDIAN(S): THIS FORM MUST BE SIGNED!

If your son, daughter, or ward will be under the age of 18, it is policy to secure your consent for **medication distribution and for the use of medical devices** by completing the form and signing below. Information provided will be kept confidential.

PRESCRIPTION MEDICATION (SKIP THIS SECTION IF YOUR CHILD IS NOT ON ANY PRESCRIPTION MEDS)

List **ONLY** the medications that your child will need during the trip: All prescription medication must be turned in for distribution prior to the trip. If you need to list more medications, please use the back of this page.

Name of Medication	Reason for Medication	Dosage (mg)	Times of Day Given

EPI-PENS for allergic reactions; INHALERS for acute asthma reactions should be self-administered (age 14 and above only)

Please specify if your child requires one of these devices: _____

HSMT: Regarding inhalers and EpiPens; please have your student carry their inhaler or EpiPen, but please send a "backup" to Linnette Cierpial in the church office. Our experience is that inhalers get lost or left in luggage and are sometimes needed quickly on a work site. Everything will be returned to your student at the conclusion of the trip.

OVER THE COUNTER MEDICATIONS THE CHURCH WILL PROVIDE (DO NOT TURN THESE IN)

Over the counter medications ["OTC"] could be administered to your child by our staff, when requested, for these conditions:

Colds: Robitussin DM, Throat Lozenges, Chloroseptic spray, Sudafed daytime or Dimetapp bedtime

Diarrhea: Pepto Bismol or Immodium AD

Sprains: Tylenol or Ibuprofen (Motrin, Advil)

Allergies: Benadryl

Constipation: Milk of Magnesia, stool softeners

Wounds: Bacitracin ointment, Betadine

Rashes: Hydrocortisone cream, Caladryl lotion

PLEASE LIST ANY OF THE Above Medications **NOT TO BE ADMINISTERED** _____

QUESTION: Any special physical or emotional conditions that we need to be aware of regarding your child's participation in this retreat (include circumstances when physician should be notified)? _____

SIGNATURE

This information is confidential and is provided for the express purpose of helping to ensure a healthy, safe trip experience for my child. This form may be shared with medical personnel should the necessity arise. I attest that all information on this form is correct. List any special instructions or additional information such as side effects regarding the medication that would be helpful to the adults administering the medications on the back of this page. **Please notify the staff if there are any changes in your child's health status since the medical forms were sent in.**

STUDENT NAME

Parent or Guardian Signature

Date

Terms and Conditions for PCW Youth Trips & Retreats



- All registration and payment activity must go through the church office. You may complete all registration forms online or complete hard copies. Signed forms and payments must be given to Linnette Cierpial, in the church office.
- To register for any Youth Trip or Event, please give the designated deposit amount or payment in full to Linnette by the DATE DUE. Please make checks payable to "The Presbyterian Church in Westfield" or "PCW" and note your student's name and trip on the check. If paying in cash, please use a separate sheet of paper to note your student's name and the trip the deposit/payment is for. Credit Cards and Online Payments (www.westfieldpc.org) are also accepted. Please label/memo accordingly.
- All deposits and required paperwork **MUST** be turned in by the announced deadline. Anyone registering after the deadline will not be guaranteed a space for that trip.
- **REFUND POLICY:** Once a deposit is made for a student for a particular trip, and the student is unable to attend that trip, the deposit **WILL NOT** be refunded. If the balance due has been paid, a refund of **ONLY** the "balance due" will be issued, only if another student can fill the vacancy.
 - If a trip is cancelled by The Presbyterian Church in Westfield, the trip will be rescheduled. If a student is **NOT** able to attend the rescheduled trip, a full refund will be issued.
- A **YOUTH REGISTRATION FORM** must be completed once per program year for your student and kept on file in the church office.
- A **TRIP/RETREAT MEDICATION FORM** must be signed and dated by the parent/guardian for each trip or retreat, regardless of whether or not your student is on prescription medication. You must provide consent to administer Over the counter (OTC) medications, if they are needed while your student is on the trip/retreat.
- Scholarships are available for every trip. A scholarship must be requested in writing using the **YOUTH SCHOLARSHIP FORM** and signed by Linnette Cierpial. This request must be made before the trip registration deadline. All scholarships are kept **STRICTLY CONFIDENTIAL**.
- Youth must adhere to the following expectations while participating in youth events and trips:
 - I will do my best to have a good time on this trip.
 - I will do my best to make sure everyone else is having a good time.
 - I will respond positively to the leadership of the advisors and to the guidelines established for this trip.
 - I will treat everyone I encounter with respect.
 - I will not put anything into my body that alters my mental state. If I do, I understand that I will be sent home at my expense.
 - I will remember that I am a representative of The Presbyterian Church in Westfield, and of God, to whomever I come into contact with on this trip, and I will act accordingly.
- If a student is sent home because of unacceptable behavior, they will be sent home at the parents' expense and the cost of the trip will **NOT** be refunded.
- If you have questions regarding registration for any trip, please contact Linnette Cierpial in the church office (908-233-0301 ext.22 or lcierpial@westfieldpc.org).