



### 2024 Youth Information Form

Lancaster Presbyterian Church – Junior & Senior High Youth Group

**2024 Youth Leaders: Rachael Cole (716)913-8515 Sam Young (716)345-1274**

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

**Parent Information:**

Parents/Guardians (Custodial): \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship Relationship

Email Address: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Relationship Relationship

**Emergency Contact Information:** (if unable to reach parent/guardian; name another adult)

1<sup>st</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please place a check mark in the appropriate boxes below:**

**Accident Waiver:**

[  ] I will not hold Lancaster Presbyterian Church or its volunteers liable for any accidents that may occur during activities at youth group.

**Medical Waiver:**

[  ] I am authorizing the supervising adult to take necessary action in case of emergency.

Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_

Please specify any allergies, needs, or special concerns

\_\_\_\_\_  
\_\_\_\_\_

**Photo Waiver:**

[  ] I give permission for my child to be photographed in public settings during youth group and the photographs to be used by Lancaster Presbyterian Church in digital or print forms for both information and promotional purposes. *These will not be posted online.*

**Off-Campus Waiver:**

[  ] I give permission for my child to walk off-campus in the Village of Lancaster with the youth leaders.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_