



Office use only: Shirt Size \_\_\_\_\_ Amount Paid \_\_\_\_\_

## Apple Cider Press Youth Rally Registration Form

Full name

Home address

Home phone

Mobile or cellular phone

Home email address

Age

Grade

Chaperone

Church or Youth Group

T-shirt Size

☐ S ☐ M ☐ L ☐ XL ☐ XXL

## Emergency and Medical Information

Emergency contact name

Emergency contact's address

Emergency contact's phone

Doctor's name

Doctor's phone

Doctor's address

Medical insurance carrier and  
member number

Blood type

Known medical conditions and/or  
allergies

Current medications

**Medical Release (MUST ACCOMPANY REGISTRATION FORM)**

I, the undersigned, certify that I am the parent or legal guardian of \_\_\_\_\_  
(hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of  
**King's Orchard Church of Christ**: Apple Cider Press Youth Rally (hereafter "the activity")  
on or about \_\_\_\_\_ 20\_\_.

I recognize that there are risks involved in participating in this activity and hereby assume  
all risk of injury, harm, damage, or death to my minor child in connection with his/her  
participation in this activity.

To the fullest extent permitted by law, I release **King's Orchard Church of Christ**, its trustees,  
officers, directors, employees, agents and representatives from any injury, harm, damage  
or death which may occur to my minor child while participating in the activity and agree  
to save and hold harmless **King's Orchard Church of Christ**, its trustees, officers, directors,  
employees, agents and representatives from any claims arising out of my minor child's  
participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any  
medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary  
for my minor child. I understand that efforts will be made to contact me prior to treatment  
but, in the event I cannot be reached in an emergency, I give permission to the activity  
leader to make the decisions necessary for treatment. Should there be no activity leader  
available, I give permission to the attending physician to treat my minor child. As parent  
or legal guardian, I understand that I am responsible for the health care decisions of my  
minor child and agree that my insurance plan is the primary plan to pay for the medical,  
dental, or hospital care or treatment that is given to my minor child. Any insurance policy  
of the church or organization sponsoring this event will be used as the secondary  
coverage.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

**Media Authorization**

I understand that video and pictures may be taken of my child during the event and may be used by  
Apple Cider Press Youth Rally for promotional purposes. ☐ I agree ☐ I decline Initials: \_\_\_\_\_