

# Royersford Church of the Nazarene

**REV. LARRY POWELL**

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www.royersfordnazarene.org

## Registration for Children / Youth Programs

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

### Emergency Information

Name of Emergency Contact \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Allergies \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Work Cell

Medical Conditions to be aware of: \_\_\_\_\_

### Release

- Walk** My child is allowed to walk alone to and from the church / activity event. I understand that my child will not be allowed to leave early UNLESS I give prior WRITTEN authorization.
- Pick Up** I will pick up my child from each event on time. The following adults are also allowed to pick up my child: \_\_\_\_\_  
Name / phone # Name / phone #
- Other** \_\_\_\_\_

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**Agreement**

**Participation:** I hereby allow \_\_\_\_\_ (name of child) to participate in official events sponsored by the Royersford Church of the Nazarene. I understand that all involvement is voluntary and on an “at your own risk” basis, and I will not hold the Royersford Church of the Nazarene, the general denomination, its workers, or its volunteers liable or responsible for any injury incurred while participating in official events.

**Behavior:** I have discussed with my child the “**Zero Tolerance Standards**” and they understand / agree to the standards and realize the consequences of not following them. I hereby agree to pick up my child immediately in the event of behavioral problems.

**Medical Treatment:** In the event of an accident requiring treatment while involved in church activities, I give Royersford Church of the Nazarene permission to seek medical treatment and for treatment to be administered by qualified medical personnel and, if needed, transported to the nearest medical facility. Parent(s) will be notified.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date