

DATE: \_\_\_\_\_

# HPC Youth Activity Registration 2024-2025

**CHILDREN ATTENDING FROM YOUR HOUSEHOLD:**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in fall \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in fall \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in fall \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in fall \_\_\_\_\_

Allergies/Special Concerns \_\_\_\_\_

**CONTACT INFORMATION:** *\*MUST be completed even if they are not the ones dropping off/picking up*

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Best number \_\_\_\_\_ Email \_\_\_\_\_

**ALTERNATE CONTACT IN CASE OF EMERGENCY:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Best number to reach them \_\_\_\_\_

**ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD(REN):**

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**HOME CHURCH** (if applicable) : \_\_\_\_\_

**PLEASE INITIAL THE FOLLOWING IF THEY ARE APPLICABLE**

**PHOTOGRAPHIC PERMISSION**

\_\_\_\_\_ I allow Heritage Presbyterian Church to photograph my child during events. These may be shared within the church updates or posted online via HeritagePCA.net or Facebook at Heritage Presbyterian Church.

**CONTACT PERMISSION** *(optional & for Turning Point parents only)*

\_\_\_\_\_ I allow the Turning Point youth leaders to contact my child directly via his/her cell phone  
Student's cell #, if applicable \_\_\_\_\_

**DISMISSAL**

\_\_\_\_\_ I understand that my child will not be allowed to leave the activity/church property by themselves unless I have contacted leaders to give permission ahead of time.

**TRANSPORTATION** *( for Turning Point parents only)*

\_\_\_\_\_ I give permission for my child to be transported to & from events by youth leaders.

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_