



# YPC Family Ministry

## General Information & Participation Form

Yorkminster Presbyterian Church  
(757) 898-4972  
Dowler Wheat: Director of Family Ministry  
dowler@yorkminsterpc.org

Please print in ink

Effective dates: \_\_\_\_\_ to August 31, 2025

Date signed

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

LAST

FIRST

MIDDLE

Male  Female

Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification on the back of this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for your child.** If necessary, add details on the back of this page.

1. Does your child have allergies to  pollens  medications  food: \_\_\_\_\_

insect bites  other: \_\_\_\_\_

2. Does your child suffer from, has ever experienced, or is being treated currently for any of the following:

asthma  epilepsy/ seizure disorder  heart trouble  diabetes  frequently upset stomach

physical disability  other: \_\_\_\_\_

3. Does your child have a current tetanus shot?  Yes  No

4. Please list and explain any major illnesses the child has experienced during the last year that you would prefer that staff be aware of:

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

Should your child's activities be restricted for any reason? If yes, please explain:

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Any additional Guardian(s) allowed to pick up child : \_\_\_\_\_

Phone: \_\_\_\_\_

For your information, we expect each child to conform to these rules of conduct:

- Respects one another, staff and adult leaders and complies with event schedules
- No fighting, weapons, fireworks, lighters, or explosives
- Respect property

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the child named above, a minor, and have given consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry and I/we hereby release, and hold harmless Yorkminster Presbyterian Church, its members and employees, the Presbytery of Eastern Virginia, and the Presbyterian Church (USA) from any cost, liability, claim, damages, demand arising from injury, loss, illness, or death to me, my immediate family, guests, invitees related to activities held on property. Likewise, any damage or loss to personal property caused by or related to the use of Yorkminster Presbyterian Church and its facilities. In the event that my child is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from any physician and/or hospital personnel designated by the Church, I/we agree to hold such a person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Furthermore, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my /our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or otherwise unable to participate, or if they fail to honor the rules of conduct.

Parent(s) or Guardian(s) (printed name):

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Parent or Guardian (signature):

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Date: \_\_\_\_\_

Email address:

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*Yorkminster will not share your email address with any third party. We will use your contact information only for occasional information about family ministry opportunities at our church. If you would prefer not to be contacted, please indicate that at the bottom of this form indicating your preferences.*