



RANKIN CHRISTIAN CENTER

YOUTH

APPLICATION / REGISTRATION FORM

rev.1/31/2020

DATE:

NAME / CONTACT INFORMATION (PLEASE PRINT)

Participant's Name: (Last) (First) (MI)

Participant's Birthdate: Gender: Male or Female

Address:

Home Phone: Cell Phone:

Parent/Legal Guardian (Primary): Relationship:

Parent/Legal Guardian (Secondary): Relationship:

Work Phone: Cell Phone:

Other Phone: Email:

EMERGENCY CONTACT INFORMATION

1. Emergency Contact Name: (First) (Last)

Home Phone: Cell Phone: Relationship:

2. Emergency Contact Name: (First) (Last)

Home Phone: Cell Phone: Relationship:

MEDICAL / HEALTH INFORMATION

Current Medical Conditions:

Are you receiving any Behavioral Health Services? yes or no

Medication(s):

Medication Allergies: Yes or No

Please List:

Food Allergies: Yes or No

Please List:

Latex Allergy: Yes or No

Other:

Epi-Pen use: Yes or No

DISMISSAL PERMISSIONS

Permission to walk home alone? Yes or No (please circle one)

PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT OR GUARDIAN ABOVE)

Name: Phone:

Address:

PERSON(S) WHOM CHILD MAY BE RELEASED (OTHER THAN PARENT OR GUARDIAN ABOVE)

Name: Phone:

Address:

Additional Information or Special Instruction:

****IMPORTANT****

Behavior Management Policy: RCC reserves the right to discharge any youth who is found to be inappropriate for our programs and the rules set forth. Grounds for dismissal include, but are not limited to physical assault or serious threat of assault, major property damage, possession of illegal drugs, weapons or psychotic behavior. Parents of minors will be notified immediately. Depending on the offense, arrangements must be made to meet with Program Director or pick up the child. We work closely with the Rankin Police Department to ensure a safe environment.

RELEASE OF INFORMATION

Please answer the following question as the data collected will assist RCC in obtaining grants and funds to supplement costs and keep registration fees and tuition to a minimum. Is your child eligible for reduced or free school lunch?

YES or NO (circle one)

PARTICIPATION CONSENT FORM

I, _____ (parent or legal guardian) consent and agree to the following:

(Please initial yellow boxes)

I release the Rankin Christian Center and it's insurers from any and all liability, claims, causes of action, damages, cost expenses or demands of any kind which may arise in connection with his or her participation in the activities of the RCC. Once program is in session, no refund of program fees paid will be given for any reason.

I grant permission for my son or daughter's photo, audio, video, or projects to be taken, displayed and/or used by the RCC during activities, events, or programming. I release any rights that I may have of the said photo or video materials. Occasionally RCC Program staff wish to photograph, video or otherwise record activities and events. These images may be used for promoting programs through our website, social media, DVDs, reports, publications, newspapers or other non-commercial promotional materials. Students name, grade, and school district may also be used.

I grant permission for my son or daughter to participate in all scheduled onsite or offsite activities offered by the RCC. This may include pre and post surveys.

<input type="checkbox"/> Emergency Medical Care	<input type="checkbox"/> Minor first-aid procedures	<input type="checkbox"/> Walks in or around neighborhood
<input type="checkbox"/> Transportation by RCC vehicle or contracted vehicle (school bus)	<input type="checkbox"/>	<input type="checkbox"/> Swimming and wading

I understand that any program fees paid are non-refundable

I understand and have read all sections of this application and agree to follow all of the outlined guidelines of the RCC offered programs.

*******SIGNATURE IS REQUIRED*******

Parent (Guardian) Name (please print):

Parent (Guardian) Signature:

Date:

Participants Name (please print):

Participants Signature:

Date:

T-SHIRT SIZE: (CIRCLE ONE) YS YM YL YXL AS AM AL AXL