



MADISON AVENUE PRESBYTERIAN CHURCH
921 Madison Avenue · New York, New York 10021 · (212) 288-8920

Middle & High School Ministry Registration Form

Instructions: Please fill out one form for each youth, and make sure to sign and date the back.

YOUTH INFORMATION

Name: _____ Age: _____ Birth date: _____
Home Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ E-mail: _____
School Attending: _____ Grade: _____

PRIMARY PARENT CONTACT

Name: _____ Relationship: _____
E-mail: _____ Home Number: _____
(if different)
Work Number: _____ Mobile Number: _____

SECONDARY PARENT CONTACT

Name: _____ Relationship: _____
E-mail: _____ Home Number: _____
(if different)
Work Number: _____ Mobile Number: _____

ALTERNATE CONTACTS & PICKUP INFORMATION

Is this student authorized to leave programs and go home on their own? (circle one) **YES** **NO**

Is anyone other than the parent(s) authorized to pick up the student? (circle one) **YES** **NO**

If yes, please give name and contact information of pick-up person, or any other alternate emergency contact below:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

MEDICAL INFORMATION

Allergies and/or other health concerns:

List of current medications:

Physician: _____ Phone Number: _____

Medical Insurance Company: _____ Phone Number: _____

Policy Number: _____ Group ID: _____ Policy Holder: _____

(Please turn over page)

OFFERINGS

I am interested in participating in the following Youth Ministry offerings:

SUNDAY

- Youth Hour, 10:10 am
- Youth Worship, during worship service
- Teen Trips Around NYC, 8th grade +
- Confirmation, 8th grade +
- Youth Sunday

WEDNESDAY

- Youth Group w/ Choir
 - Kids Club Youth Leader
- SERVICE**
- High School Service Group
 - MS & HS at Shelter Dinner

I would like regular e-mail updates on middle and high schooler ministries at MAPC.

PARENTAL RELEASE

I, _____, hereby grant my son/daughter, _____, a minor child, permission to participate in youth activities at Madison Avenue Presbyterian Church. I will not hold Madison Avenue Presbyterian Church, its staff, volunteers or Session liable for any accident or injury occurring in the program. I hereby grant permission to the adult supervisors and leaders of these programs to make medical decisions with respect to said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Signature of Primary Parent Contact

Date

Registration forms can be sent to:

Director of Christian Formation
921 Madison Avenue
New York, NY 10021

They can also be given directly to any of the pastors.