DCPC Youth Registration and Medical Release Form | 2025-2026
Davidson College Presbyterian Church, Davidson, NC 28036

Participant's Information

First Name	Middle Initial	Last Name	
Street/Mailing Address	City/State		Zip Code
Phone Number	E-Mail Address		
Date of Birth	Current Grade (if applicable)	School Attending (if applicable)	

Emergency Contact Information

Parent/Guardian 1 (Emergency Contact 1 for Adult Participants) First Name	Middle Initial	Last Name
Phone Number	Email	
Parent/Guardian 2 (Emergency Contact 2 for Adult Participants) First Name	Middle Initial	Last Name
Phone Number	Email	
Additional Emergency Contact Name	Additional Emergency Contact Phone Number	

Participant's Health Information

Date of last Tetanus Shot	Regular Medication - Description and Schedule	Known Allergies/Medication that should NOT be given:
Pertinent Medical History including Allergies		
	Primary Doctor	Doctor's Telephone Number

Health Insurance Information

Major Medical & Health Insurance Company	Insurance Company Telephone Number
Group Number	Policy Number

For parents of youth participants:

My child/dependent _____ has my permission to travel to and from and to participate in Davidson College Presbyterian Church activities under DCPC supervision from 9/7/2025 to 9/6/2026.

For all participants:

With the understanding that DCPC will assure that the activity is properly supervised, I hereby relieve DCPC, the leadership thereof, and the persons conducting this activity of any liability in connection with the listed participant's participation in this activity. In the event of injury, illness, or medical emergency, I understand an attempt will be made to contact the phone numbers provided above. If they cannot be reached in time, I hereby authorize the DCPC staff and adult chaperones to seek medical, rescue, or evacuation services for me or my child/dependent with the understanding that I am responsible for any expenses incurred.

I also understand that I am obligated to provide the DCPC Director of Youth Ministry or the Associate Pastor for Faith Formation with updated medical information on the participant listed should any of their medical information change between the date I sign this form and 9/6/2026.

Name Printed _____
(parent/guardian name if youth participant)

Signature _____ Date_____

COVENANT FOR ALL YOUTH & ADULTS ATTENDING DAVIDSON COLLEGE PRESBYTERIAN CHURCH YOUTH MINISTRY TRIPS AND EVENTS

During our upcoming youth ministry trips and events we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support, and spending time together. We are each an important member of this family. As a key part of our commitment, we will not tolerate discrimination against any child of God, including discrimination based on race, ethnicity, ability, gender identity, gender expression, or sexual orientation. To create and maintain this atmosphere of family and community, all youth must agree to the following covenant. Thank you for your participation!

1. When we travel away from DCPC, we recognize that we are guests to our host organization. As guests, we will be considerate of our host organization and to any leaders who reside there. In the evenings, we agree to be inside our lodge after 10:00pm or whatever curfew is set by the leader of the trip. We understand that inside "quiet hours" start at 11:00pm on every trip.

2. While participating in DCPC youth programming, I will:
___ not bring or use harmful substances – i.e. weapons, fireworks, tobacco, vapes, drugs, alcohol (if over the legal age, I will abstain from these substances during DCPC youth programming, including the entire duration of DCPC youth trips)
___ honor all people as children of God, including the adult leaders by respecting them and their decisions
___ be present and engaged while participating fully in all activities, refraining from using electronic devices in group settings and common areas
___ be responsible for my own belongings and respect the property of others, including the property of the church and of the host organization
___ be respectful to others in my expressions of care, concern, and intimacy
___ only ride in vehicles with designated adult drivers, never a youth driver
___ *always* tell an adult where I am going before leaving (if I am a youth, I will use the "buddy system" during free times)

3. I acknowledge that I may be photographed or videotaped for publicity purposes and posted on social media platforms. I will contact the Director of Youth Ministry in writing if I wish to be excluded from pictures and posts.

4. As participants in this youth group, I recognize that I am joining a Christian family and community. I agree to abide by this covenant while I am a member of this community. I understand that if I break this covenant, I may be sent home. If I am a youth, my parents may be notified and I may be sent home at my their expense.

If you have any questions, please contact our Director of Youth Ministry, Phaedra Smith at psmith@dcpc.org or our Associate Pastor for Faith Formation, John Ryan at jryan@dcpc.org. Thank you! Welcome to this wonderful community of faith.

PARTICIPANT
SIGNATURE:_____
DATE:_____