



LIGHTHOUSE

YOUTH CENTER

245 Commerce Street - P.O. Box 38
Oxford, PA 19363

YOUTH REGISTRATION FORM

The Lighthouse Youth Center is a non-profit Christian youth center that provides FREE afterschool and summer activities for youth ages 9 – 18 who live within the Oxford Area School District.

This form MUST be filled out by a parent/guardian

Student Information:

Name: _____

Address: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

Current School: _____ Grade: _____

Student Medical Information:

Does your child have any allergies or medical conditions: _____

Does your child carry and EPIPEN: _____

Is your child covered by personal/family medical insurance? _____

If yes, please provide name of Insurance Company: _____

Insurance Policy Number: _____

Student Academic Release Information:	YES	NO
To better support your child's academic efforts, we request a copy of your child's grades be sent to our office. All report cards are confidential and will be seen only by Lighthouse staff members, volunteer tutor, or mentor. Is The Lighthouse authorized to receive a copy of your child's grades?		
I am the parent or legal guardian of the above-mentioned student and hereby authorize the Lighthouse Youth Center and the Oxford Area School District or the Avon Grove Charter School to receive and disclose any information that addresses my child's social, emotional, academic, or career-related progress.		

Parent/Guardian Information:

Name: _____

Relationship to Child: _____

Phone Number: _____

Address: _____

Emergency Contact Information:

Name: _____

Phone Number: _____ Relationship to Child: _____

Rules of Conduct:

For your information, we expect each student follows these rules of conduct:

- Respect each other
- Respect the staff and volunteers
- Be responsible
- No bullying or fighting
- No cursing
- Throw your trash away
- Always dress appropriately
- No smoking, drugs or alcohol allowed
- Don't damage the building or property
- Give your FULL attention during devotions
- You MUST be here for devotions to receive dinner
- Represent yourself well in the community

Students who fail to comply with these expectations may be sent home. If serious offense is made, student may be asked to leave for a longer extended period. Parents/guardians will be notified.

Signatures

I, the student, have read the rules of conduct, the above evaluation of my health, information, and permission to participate in Lighthouse Youth Ministries, Inc. activities. I agree to abide by the stated personal limitations and code of conduct.

Signature of Student: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and release the Lighthouse Youth Ministries, Inc. and it's staff of any liability against personal losses of named student.

I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the youth center. I hereby release the youth center, its directors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she 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 a physician and/or hospital personnel designated by the youth center, I/we agree to hold such 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. Further, 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 student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. I give permission for the Lighthouse Youth Ministries, Inc. to use any photographs taken of the registrant during any Lighthouse Youth Ministries, Inc. publicity. I also give permission for the Lighthouse Youth Ministries, Inc. to use the fingerprint scanning system for the registrant. This will be used for Lighthouse Youth Ministries, Inc. purposes only.

Signature or Parent/Guardian: _____ Date: _____