



# Westminster Recreation & Outreach Center

The WROC at Westminster Presbyterian Church

## Child Participation (Please complete both sides)

**FALL 2017**

\_\_\_\_\_ Basketball Skills and Drills Basic Course (\$65)

**Due to limited space, payment is required to confirm registration.**

**Child's name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** Male Female

**Address, City, State, Zip:** \_\_\_\_\_

**Parent's name:** \_\_\_\_\_

**Parent's phones:** primary: \_\_\_\_\_ secondary: \_\_\_\_\_

**Parent's email:** \_\_\_\_\_

**Are you a member of Westminster Presbyterian Church?** Yes No

**Emergency contact name:** \_\_\_\_\_

**Emergency contact phones:** primary: \_\_\_\_\_ secondary: \_\_\_\_\_

### Health/Medical Information

Please list special care requirements for child (special needs, allergies, medications, etc. \_\_\_\_\_

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

Has your child been issued an epi-pen? Yes No

If yes, you **MUST** complete and return the Consent for Emergency Epinephrine Administration form.

## Photo/Video Release

I understand that by participating in Westminster Presbyterian Church (WPC) activities, my son/daughter may be photographed and/or videotaped. I hereby assign and authorize the producer, WPC, the rights (All rights) in and to such videotape and photography. I also authorize said producer, without limitation, the right to reproduce, copy, exhibit/publish and distribute any such videotape and /or photographs and expressly waive and rights or claims I may have against WPC or any of its Affiliates, Subsidiaries, or Assignees except as outlined in this contract.

May we publish photographs of your child in print?	Yes	No
May we publish photographs of your child on our website?	Yes	No
May we video your child and upload these videos to our website?	Yes	No

**Children will not be identified by name in any of these publications.**

## Consent, Release, and Indemnity

I understand that participation in any of the WROC programming can present a risk of harm to the participant and that I have a personal responsibility for assuming any and all medical, hospital, and related expenses that may result from my own or my children's participation in any of the Recreation Center's programs.

I hereby release Westminster Presbyterian Church, affiliated and sponsored organizations, and its personnel, and agree to indemnify and hold harmless the church and its personnel from and against any liability of any nature whatsoever for any injury to myself and/or my son or daughter resulting or arising in any way from my/his/her participation in any programs offered through WROC Ministries. I understand WPC provides no medical coverage.

## How did you hear about us?

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**Parent signature**

**Date**

Return form and check (payable to Westminster Presbyterian Church) to:

Westminster Presbyterian Church  
2040 Washington Road  
Pittsburgh, PA 15241  
Attention: WROC