

**YOUTH INFORMATION FORM  
FIRST PRESBYTERIAN CHURCH, SALISBURY, NC**

**Year: 2022-2023**

**Youth's Name (full given name)** \_\_\_\_\_

**Nickname** \_\_\_\_\_

**Address** \_\_\_\_\_

**Youth's Phone** \_\_\_\_\_

**Youth's Email** \_\_\_\_\_

**2022-2023 Grade** \_\_\_\_\_

**Allergies** \_\_\_\_\_

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**Mother's Name** \_\_\_\_\_

**Mother's Address** \_\_\_\_\_

**Mother's Phone** \_\_\_\_\_

**Mother's Email** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Father's Address** \_\_\_\_\_

**Father's Phone** \_\_\_\_\_

**Father's Email** \_\_\_\_\_

**PHOTO/VIDEO RELEASE FORM**  
**FIRST PRESBYTERIAN CHURCH, SALISBURY, NC**

**Year: 2022-2023**

First Presbyterian Church uses several internet and Social Media platforms to share photographs/video clips of activities and events in the life of our church and programs. Photographs/videos may be posted to FPC online platforms such as, FPC's Website, Facebook, YouTube and other Social Media pages. Photographs may also be submitted to the Salisbury Post and other local print media. Names will **NOT** be included in these postings.

Please list the names of all persons this release covers and indicate if permission to post photographs/videos is or is not given. Please mark the appropriate choice beside each name.

**YES...**I give permission for the posting of photographs/videos to the above mention media sites for the person listed.

**NO...I DO NOT** give permission for the posting of photographs/videos to the above mention media sites for the person listed.

Yes	No	Name (print)

Special Notes:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**(PP3:Approved by Session 8/17/21)**

**COMMUNICATION WITH  
CHILDREN/YOUTH PERMISSION FORM  
FIRST PRESBYTERIAN CHURCH, SALISBURY, NC  
2022-2023**

Many times, communication via email/text is more efficient and effective, especially with youth. This form provides parents an opportunity to indicate their preferences when staff/leaders/volunteers need to communicate with their child/youth. Most communications will be to groups of no less than two (2).

NAME \_\_\_\_\_

FPC staff/leaders/volunteers may communicate with my child through the following modes (check each that applies and provide the specific contact information to be used):

\_\_\_\_\_ Text: cell number \_\_\_\_\_

\_\_\_\_\_ Email: email address \_\_\_\_\_

Parents may choose to be “copied” on communications with their child. Please check each that applies and provide the specific contact information to be used):

\_\_\_\_\_ Text: Parent/Guardian(s) cell number(s)

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

\_\_\_\_\_ Email: Parent/Guardian(s) email(s)

Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

In the event, a staff member/leader/volunteer is providing support or counsel in confidential matters or spiritual care and determine the time is not right to involve the parents, the staff/leader/volunteer will share the contents with a pastor. Pastors will share this information with other designated leaders.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**(Approved by Session 8/2021)**