ST DAVID'S EPISCOPAL CHURCH YOUTH MINISTRY REGISTRATION FOR Middle or High School Students

(PLEASE PRINT)

| FAMILY NAME | |
|---|---|
| CHILD'S LAST NAME, IF DIFFERENT | |
| BEST EMAIL | |
| YEAR CHILD GRADUATES FROM HIGH S | CHOOL |
| CHILD'S FIRST NAME | DATE OF BIRTH |
| ADDRESS | ZIP |
| CHILD'S EMAIL (If applicable) | |
| PHONE NUMBERS: | |
| Youth Cell number (if applicable) | |
| Text available? Yes No | |
| Primary Parent (Home) | (Work/Cell) |
| Other Parent (Home) | (Work/Cell) |
| SCHOOL ATTENDING | GRADE |
| Primary Parent First Name | |
| Secondary Parent First Name | |
| If child has special needs (learning disa | bility, handicaps, allergies), please indicate. |
| Who should be notified in case of eme | rgency if a parent cannot be reached? |
| Name | |
| | (Days)(Evenings) |
| Signature of parent/guardian | |
| Phone Number | Date |
| COMMENTS: | |
| | |
| | |

ST. DAVID'S YOUTH MINISTRY Medical Consent & Permission/Release

| l, | , the parent or legal guardian of |
|--|---|
| authorize the employees, representatives and chaperones of St. David's Episcopal Church to obta | |
| • , | eatment, should it be necessary, during my child's attendance and participation in |
| St. David's Youth Minis | stry Programs from September 2014 to August 2015. |
| Health Insurance Company (copy of front & back of card required) | |
| Policy No | |
| Family Physician/Clinic | Phone |
| Is there anything else v | we should know about your child? |
| | vill be notified immediately should it become necessary to obtain emergency n(s) who should be notified and the telephone number(s) are: |
| Name | Phone Number |
| Name | Phone Number |
| consideration o administrators, and a the Episcopal Diocese from any and all clair fees, and legal costs | ermission for my child's participation and attendance in this activity/program. In f my child's attendance and participation, I, for myself, my heirs, executors, assigns, do hereby waive, release, and discharge St. David's Episcopal Church and of Texas, their representatives, chaperones, employees, successors, and assigns, as, actions, demands, damages, costs, judgments, expenses, liabilities, attorneys's, arising from all matters and things, whether unknown or known, which are, or be, arising out of my child 's participation in this activity/program. |
| | * |
| for my child to be trai | form, I hereby certify that the above information is correct and give permission asported in privately owned vehicles for medical and other emergency purposes se of medical records to an attending physician in case of illness. |
| guardian. In the even | emergency, I understand that every effort will be made to contact the parents or it that I cannot be reached, I hereby give permission to the physician selected to ent for my child named herein. |
| Date// | Signature |