

Youth REGISTRATION FORM
For Children Grade 6-12
St. Paul's Episcopal Church
Date _____

This form is permission for all events not more than three day in duration. Special forms are needed for mission trips and pilgrimages.

Youth Name _____ **Nickname** _____ **Family Phone** _____
Street Address _____ **Town** _____
Date of Birth _____ **Age on 9/1** _____
Date of Baptism _____ **Denomination** _____
Youth email address _____

PARENT OR GUARDIAN INFORMATION

Name _____ **Relationship** _____
Name _____ **Relationship** _____
Name _____ **Relationship** _____
Address if different than above _____
Email Address _____ **Cell Phone number** _____

OTHER INFORMATION ABOUT THE CHILD

Allergies _____

Please list activities that may conflict with participation and regular attendance

Other comments

Please be sure to complete page 2 of this document for medical information

Medical Release

_____ has my permission to attend the youth program and all activities sponsored by St. Paul's Episcopal Church.

Full name of minor _____. I understand that events will be under the supervision and direction of adult leaders and sponsors approved by the Vestry of St. Paul's Church. . I waive any claim against St Paul's church or the Diocese of CT and its approved leaders or sponsors. In case of medical emergency, I understand every reasonable effort will be made to contact me. If I/we cannot be reached, I/we, the parent(s) or legal guardian(s) of _____, a minor, hereby authorize and consent to the physician selected by the approved leader, sponsor or chaperone to hospitalize and select proper treatment including but not limited to injection, anesthesia or surgery for my child.

Date _____ Signature _____ Relationship _____
Family Physician _____ Phone _____
Insurance Company _____ Phone _____
Name of Policyholder _____
Policy # _____ (Please attach a copy of participant's medical card, if available.)

Media and Photo Release Form (optional) I give St. Paul's Episcopal Church my permission to use my picture in videos and digital still images on audio tapes, recordings, reproductions, websites, i.e. documents, DVDs, movies, Facebook and any or all photographs. I hereby release St Paul's Episcopal Church, its employees and volunteers from any and all claims for damages, libel, slander, invasion of the right of privacy, or any other claim based on the use video's and pictures. I have read this release form and fully understand the meaning of it Parent

Signature _____ Date _____

Signature of youth (for media release) _____