

St. Stephen's Episcopal Church Youth Participation Form 2015-16

Student's Full Name <i>(Last, First, Middle)</i>		Goes by name	Age Birth date
Address	Zip	Student's Home Phone	
School	Grade	Student's Cell Phone	
Student Email Address			
Father's/Guardian's Name	Cell Phone	Work Phone	
Father's/Guardian's Address <i>(if different than above)</i>	Father's/Guardian's Email		
Mother's Name	Cell Phone	Work Phone	
Mother's Address <i>(if different than above)</i>	Mother's Email		
Emergency Contact	Relation to student	Phone	
Emergency Contact	Relationship to student	Phone	

- _____
(Initials) The undersigned does hereby give permission for _____, to attend and participate in the activities of St. Stephen's Youth Group between the dates of September 1, 2015 and September 1, 2016.
- _____
(Initials) The undersigned does hereby give permission for the use of photographs of the above named minor taken when at a St. Stephen's event to be used on the St. Stephen's web page and/or other promotional materials.
- _____
(Initials) In the event that it is necessary, I authorize an adult, in whose care the minor has been entrusted, to consent to medical, surgical, dental treatment, and/or hospital care. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical treatment pursuant to this authorization.
- _____
(Initials) I, the undersigned do hereby verify that all information is correct. I do hereby release, acquit, and forever discharge all sponsors and St. Stephen's Episcopal Church (including ministerial staff and support staff) from any and all claims, damages, liabilities, costs, expenses, demands, actions or case of action, past, present, or future arising out of damage or injury while participating in St. Stephen's Episcopal Church Youth events.
- _____
(Initials) The undersigned hereby gives permission for the above named minor to ride in the vehicle of a designated sponsor while attending and participating in activities sponsored by St. Stephen's Episcopal Church.
- _____
(Initials) I understand that should it be necessary for the above named minor to return home for any reason, that I will assume all transportation costs.

Hospital Insurance: (Yes / No) Please circle one

Insurance Company	Phone Number	Policy Number	Group Number
Allergies or Special Medical Needs <i>(Please use the back of this page if more space is required)</i>			

Parent or Guardian Signature

Parent/Guardian printed name

Date