

St. Augustine's Episcopal Church
YOUTH PROGRAM REGISTRATION FORM
 and
PERMISSION / MEDICAL RELEASE
2011 – 2012

Participant(s) Information

Name:		Date of Birth:
Age:	Grade:	School:
Cell phone #		Email:

Name:		Date of Birth:
Age:	Grade:	School:
Cell phone #		Email:

Name:		Date of Birth:
Age:	Grade:	School:
Cell phone #		Email:

Parent/Guardian Information

If parents live at different addresses, list both, and indicate which is the primary residence.
 If there are special custodial arrangements, please notify the church office.

Name		
Address		
Phone (H)		
Phone (W)		
Phone (C)		
Email		
Best way to call me (check all that apply)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Day <input type="checkbox"/> Evening	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Day <input type="checkbox"/> Evening

PARENTAL CONSENT and TRANSPORTATION RELEASE

I give full permission for my child(ren) to participate in the Youth Programs (Rite-13, J2A and YAC) at St. Augustine's Episcopal Church, under the direction of the youth leaders, staff and/or clergy of St. Augustine's.

I do do not give permission for photographs or video footage of my child(ren) to be used by St. Augustine's Episcopal Church and/or the Diocese of Chicago on their websites or for promotional purposes (no names are used on the websites or in publicity materials).

I give full permission for my child(ren) to be transported to youth activities in conjunction with the above mentioned program, riding in approved vehicles, with approved drivers in the Diocese of Chicago, or taking public transportation, and to attend and participate in activities off site of our main program. I understand that a separate permission form will be requested for any activity that is overnight and/or involves travel of more than one mile from the church.

Please complete both sides of this form.

MEDICAL INFORMATION and RELEASE FORM
2011-12

Participant Name(s): _____

INSURANCE INFORMATION

Health Insurance Company _____

Policy # _____

Name of Insured _____ Relationship to participant _____

MEDICAL INFORMATION

If there are any allergies, special needs, medical conditions, or dietary needs that we should be aware of, please provide the information here:

MEDICAL RELEASE

I give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

WAIVER OF LIABILITY

I agree to hold St. Augustine's Episcopal Church, the Diocese of Chicago, and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child(ren) arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned program.

Parent/Guardian Signature _____

Date _____

St. Augustine's Episcopal Church
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Wilmette, IL 60091-2670
847.251.6922
augustine@ync.net