

**ST. JOHN'S YOUTH MINISTRY
PARTICIPANT'S REGISTRATION**

Valid: September 2011– September 2012

Activity: regular youth group meetings or outings, overnight hikes, or other programs not exceeding 48 hours, with level of activity similar to that of home or school. Current personal health and medical summary (history) are attested by parents to be accurate.

Participant: _____

Parent/Guardian(s): _____

Telephone – Father: (cell) ____/____ (other)____/_____

Telephone – Mother: (cell) ____/____ (other)____/_____

Address: _____

E-mails Teen: _____ Parent _____

School attending _____

Emergency contact: _____ Relationship: _____

Phone (cell): _____ (other): _____

I understand that transportation will be provided by car or bus, and that the trip will be under the direction and supervision of two or more adult leaders, sponsors or chaperones approved by the Church. I waive any claim against the Church, and its approved leaders, sponsors or chaperones.

Date: _____
Signature of Parent/Guardian

YOUTH MEDIA AND PHOTO RELEASE FORM

The undersigned agrees to grant St. John's Church permission to record on film, videotape or audio tape his/her teen's participation in youth events. He/she further agrees that any or all of the material may be used in any form as part of any future productions made by the Church and that such use shall be without payment of fees, royalties, special credit or other compensation. This form shall be valid for the year indicated above.

Date: _____
Signature of Parent/Guardian

MEDICAL AUTHORIZATION

Name of Participant _____

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed physician selected by the adult leader in charge to secure proper treatment, including x-ray examination, medical or surgical diagnosis, hospitalization, anesthesia, surgery, or injections of medication for my child. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but it is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I understand that the trip will be under the direction and supervision of two or more adult leaders, sponsors or chaperones approved by the Church. I waive any claim against the Church, and its approved leaders, sponsors or chaperones.

Signature of Parent/Guardian: _____ Date: _____

Birth date of minor: _____ Social Security # _____

Allergies: _____

Medications: _____

Adult leaders will hold and distribute all prescription drugs as instructed by parents.

Special needs (including dietary) _____

Use the other side of this paper to list any physical or behavioral conditions that may affect or limit full participation in youth programs.

Parent/Guardian Cell Phone _____ Other phone _____

Parent/Guardian Cell Phone _____ Other phone _____

Emergency Contact _____ Relationship: _____

Cell Phone _____ Other phone _____

Family Physician: _____ Phone: ____/____

Insurance Company: _____ Policy #: _____

Policy Holder: _____

parent signature

parent/guardian signature

YOUTH REGISTRATION FORM

Event Name _____

Event Date _____

Event Location _____

Name _____ Date of Birth _____ Grade _____

Female() Male() Home Phone _____ Cell Phone _____

Parent/Guardian _____ Cell Phone _____

Address _____

Street

city

zip

Emergency Contact _____ Cell Phone _____

Community Agreement for All Participants

(Read and sign before attending youth event.)

Throughout the event, I agree:

- not to bring or use illegally controlled substances, including drugs and alcoholic beverages. Adult leaders will hold and distribute all prescription drugs as instructed by parents. Possession and/or use of any tobacco product is prohibited. I understand that my parent/guardian will be notified and I will automatically be sent home at my own expense if I violate this agreement.
- to respect the needs and property of others; not to participate in any inappropriate sexual or violent behavior;
- to participate in all scheduled activities, including community chores; to not leave the group or the grounds without the permission of an adult leader;
- and to try to have fun!!!

I understand that the above agreements are designed to make the youth event the best and safest event possible for everyone, and that if I violate any of these agreements, I may not be invited to participate again. I have read the above and agree to live by these standards throughout the youth event.

participant's signature

parent's/guardian's signature

date