

Registration and Medical/Liability Release Form 2017-18 Children & Youth Ministries

Name of Student _____
Student Birth Date _____ Grade _____ School _____
Address _____ City _____
Zip Code _____ Student Phone _____
Student email _____ Family email _____
Parent/Guardian Name(s) _____
Parent/Guardian cell phone _____ home phone _____
Emergency contact (name, #, relationship) _____
Health Insurance Co _____ Policy # _____
Health Concerns _____
Known Allergies _____

In addition to Sunday Morning classes and youth group activities, my child is also interested in participating in:

____ Choir (grades 1-12) ____ Acolyte corps (grades 6 – 12)
____ Drama Dreamers (grades 6-12) ____ Confirmation Program (grades 8 and up)

____ I give permission to this young person to attend and participate in any and all activities, events, and programs sponsored by St. Paul's Episcopal Church, 2747 Fairmount Blvd., Cleveland Heights, OH 44106.

____ I give permission for this young person to ride in any vehicle designated by the adults in whose care this minor has been entrusted while attending and participating in this event.

____ I give permission for this minor to be photographed/videotaped and that these photographs may be used on St. Paul's website or Facebook page, or in printed or electronic publications.

____ I authorize an adult, in whose care this minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to this minor under the general supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

____ I understand all reasonable safety precautions will be taken at all times by St. Paul's Episcopal Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold St. Paul's Episcopal Church or its leaders, employees and volunteer staff liable for damages, losses or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____



St. Paul's Episcopal Church

2747 Fairmount Boulevard ■ Cleveland Heights, Ohio ■ (216) 932-5815 ■ www.stpauls-church.org

For Internal Use:

Received: ____/____/____ Entered in ACS ____/____/____ By _____
Program _____