

St Francis Parish Registration for Youth 2014-2015

This registration form enables us to maintain accurate information on your child and family.
It also gives us medical emergency & disaster information.

Please print legibly

You may mail this form to: St Francis Youth Ministries, 2200 Via Rosa, Palos Verdes Estates, CA 90274
Or FAX to 310-791-2740 or scan and email to Jean.Cobb@stfrancispv.org

Name of your child _____ Today's Date _____

Nickname/Preferred Name _____ M or F (circle one)

Birth Date _____ Age _____ Grade _____

Name of School _____

Youth's email _____ Youth's cell phone _____ OK to text? _____

What are your child's special gifts, talents, or interests? _____

Mailing Address _____

Parent/Guardian #1 Name _____ (City) _____ (Zip) _____
email _____

Home phone _____ Work _____ Cell _____

Parent/Guardian #2 Name _____ email _____

Home phone _____ Work _____ Cell _____

Name & address to whom mail is sent (if different) _____

May we share your contact info with other St Francis members? (check indicates "yes") ___ Address ___ Phone ___ email

Emergency and Medical Information

For security, this emergency registration requires more detailed information. This registration is valid for the entire program year. Once this form is completed and submitted, parents and guardians will only be asked to sign a permission slip for specific events and outings.

Allergies to Drugs or Food _____ Current medications: _____

Other Health Information _____

Any history of altitude or motion sickness? _____ Operations or major illnesses _____

Describe any medical, physical, or behavioral conditions that may affect or limit full participation in youth programs.

Name of Physician _____ Phone _____

Medical Insurance Co. _____ Phone _____

Medical Insurance Policy # _____ Ins. Company Address _____

Alternative Emergency Contact:

If parents can't be reached, St Francis Church is authorized to release child to the following:

Name _____ Relationship _____

Home Phone _____ Cell/Work Phone _____

Out-of-State Contact

Name _____ Relationship _____

Home Phone _____ Cell/Work Phone _____

Terms: I verify that the medical information given on this form is up-to-date and accurate. I understand that should this information change, it is my responsibility to update or amend any records pertaining to my child/teen. In addition, I understand that a separate permission slip will need to be signed and submitted for any overnight program, day camp, special activity, trip, or event that differs from our normal weekly gatherings.

Photo and media release: I give permission and consent for photographs or video footage of my child(ren) to be published and used by St Francis Church to illustrate and promote St Francis Church and its Ministries. (children will never be identified by name).

Medical Release and Authorization: In case of emergency, I understand that every effort will be made to contact me or the emergency contact listed on the front of this form. In the event that I cannot be reached during any medical emergency, or following a traumatic accident, I hereby give permission to the licensed physician selected by church leaders (or their agents) to act on my behalf by securing proper treatment, including, but not limited to, x-ray examinations, 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 also request and authorize the release of all medical records. Such medical records include x-rays, notes, prescriptions and all information pertaining to the treatment of my child while under the care of St Francis Episcopal Church.

In accordance with the permission I am granting, I hereby agree to indemnify and hold St Francis Church, Palos Verdes Estates, Ca, its employees and agents harmless from any and all liability as a result of being injured while participating in said activity. I hereby accept any and all responsibility for and assume the risk of any and all injury or damage to my person or dependent children that might arise directly or indirectly as a result of, and a participation in any St Francis activities. I hereby expressly release, discharge and hold harmless from any liability whatsoever St Francis Church, all employees, volunteers and agents in their capacities as representatives of St Francis Church. I certify I am familiar with the contents of this release. I have read and understand and it is my intention that by signing this that the same be binding on me and my heirs, administrators, executors, and assignees.

Parent's Name (please print) _____

Parent's Signature _____ Date _____