

Youth Fellowship Registration

(Form used for all Parish and Diocesan Events)

Event Name/Description: St. James' Youth Fellowship- 2nd and 4th Sundays of each month

Event Date: 9/13/09 through 8/31/10 Times: Varies

Mode of Transportation: Parental Consent will be obtained for special events taking place off Church property.

Event Contact Person: Amanda Knouse, Assistant Rector, (814) 386-3973

Name of Participant: _____ Age: _____ Gender: M/F

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Parish: _____ Location: _____

Parent/Guardian Name: _____

Parent/ Guardian Phone: _____ Work/Cell: _____

Other Emergency Contact: _____ Phone: _____

Insurance Company: _____

Primary Insured: _____ Relationship: _____

Policy #: _____ Group/Plan #: _____

Health Concerns (medications, allergies, limitations?): _____

Consent/Waiver/Release:

- I hereby give permission to this youth to attend and participate in activities of the above named event.
- I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care this minor has been entrusted while attending and participating in this event.
- I understand the general guidelines of behavior- that the participant must respect and obey the instructions of the supervising adults and that NO alcohol, tobacco, illegal drugs, or sexual misconduct will be tolerated at the event- and that the supervising adults have the right to reasonably enforce the established rules of conduct.

- I will assume all transportation costs for the youth if problems occur during this event and s/he must be sent home. I will take no civil or legal action against the supervising adult(s) for the normal care of the minor in their charge.
- I am aware that at this time, St. James' Parish abides by the Diocese of Maryland *Standards of Behavior for Child- & Youth- Related Programs* is available for me to review at www.youth.ang-md.org.
- I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event I cannot be reached, I hereby authorize any supervising adult; in whose care this minor has been entrusted, to consent to whatever medical or surgical treatment may be necessary or advisable by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment that is administered to my child.

Pictures of youth activities and events will be posted on our website. These pictures may contain images of your child(ren). Is this ok? If no is checked, we will not post images featuring your child(ren).

_____ Yes

_____ No

Signatures

Participant Printed Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

**Medication Chart
Dosage and Time to be Given**

| Medication | Pre-Breakfast | Breakfast | Lunch | Dinner | Night | As Needed |
|------------|---------------|-----------|-------|--------|-------|-----------|
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