

**St. Jude's Episcopal Youth Registration**

**General Information**

Child's Name: \_\_\_\_\_ [ ] Male [ ] Female  
Street Address: \_\_\_\_\_ Age/Grade: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ DOB: \_\_\_\_\_  
Child's Email: \_\_\_\_\_ School: \_\_\_\_\_  
Parent(s): \_\_\_\_\_ Parent Email: \_\_\_\_\_  
Phone(s): [H] \_\_\_\_\_ [C] \_\_\_\_\_ [W] \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emer Contact Phone: \_\_\_\_\_

**Image Release**

I authorize St. Jude's Episcopal Church to use or publish images of my child, including, but not limited to: Facebook, website, church publications.

[ ] yes [ ] no [ ] yes, with the following limitations: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Information**

I give permissions to representatives of St. Jude's Episcopal Church in charge of this program to take my child to the nearest physician or emergency medical facility in the event that the person authorized by law is not available to give consent for necessary medical treatment, whether or not of an emergency nature. I give permission to the physicians and staff of the medical treatment facility selected by the representative(s) of St. Jude's to hospitalize my child or to administer or secure proper treatment (including but not limited to: over the counter medication, injection, anesthesia, prescriptions, surgery, or dental work) which the attending physician recommends as reasonable. I understand that notification or parents/guardians will take place as soon as possible. My child may participate in all activities except as noted below, under "special restrictions".

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medications (list all): \_\_\_\_\_

Allergies (food, drug, environment): \_\_\_\_\_

Special Restrictions or Dietary Concerns: \_\_\_\_\_

Can this person swim? [ ] yes [ ] no If yes, indicate level: [ ] Beginner [ ] Intermediate [ ] Advanced

Insurance Carrier: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_