

St. Luke's Youth Activities Registration Form

Participant Name: _____ Birth Date: _____

Parent Name: _____ Home Phone: _____ Email: _____

Address: _____ City: _____ Zip +4): _____

Person to notify in case of an emergency if parent/guardian cannot be located:

Name: _____ Relationship: _____ Phone: _____

PERMISSION TO PARTICIPATE IN ACTIVITIES

I/we the parents/legal guardian of the above named minor, give permission for his/her participation in the customary activities of the St. Luke's Episcopal Church Youth program (commonly called St. Luke's Youth or SLY), and for adult leaders to provide him/her transportation in their personal vehicles to and from SLY activities. Examples of typical activities are: Christian education and worship, indoor and outdoor games, classes and discussion groups, picnics, hikes, and other outings.

MEDICAL AUTHORIZATION

I/we the parents/legal guardian of the above named minor, hereby authorize and consent to, in the case of an emergency illness or injury that occurs during an event sponsored by SLY, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care deemed advisable by, and to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I/we authorize the adult youth leader present at any event at which an illness or injury occurs to make emergency medical decisions on behalf of our child in the event I/we cannot be located.

Last Tetanus Shot Date: _____ Participant's Social Security No: _____

List **allergies, medical conditions, or medications** that may limit activities or need to be brought to the attention of a medical provider in case of an injury or illness:

Family Physician: _____ Phone: _____

Medical Insurance Co.: _____ ID Number: _____

Parent/guardian Signature: _____ Date: _____

Other Information

School: _____ School grade: _____ Do you Work? _____

Where? _____ What days/hours? _____

Brothers/sisters: _____
(Name/age)

Member of St. Luke' s? _____ If no, what church do you attend? _____

Are you Baptized? _____ Confirmed? _____ If not confirmed are you interested in confirmation? _____

Hobbies, school and church activities, interests, of any other relevant information:

SLY Participant "Covenant"

(Covenant is a fancy word for agreement)

I understand that SLY is a Christian organization and by my signature below and my participation I agree to conduct myself in accordance with the standards of behavior of the organization. This means that to the best of my ability I will:

- love God and love my neighbor as I love myself
- be on time
- respect the person and property of others
- participate in group activities
- help out when asked and even volunteer
- respect the authority of the adult advisors
- not use alcohol, tobacco, or drugs during any SLY activity or outing

I also understand, and agree, that if I violate this agreement, SLY rules of conduct, or the authority of adult advisors, my parent/guardian may be notified and I may be dismissed from the activity or outing.

Participant' s Signature: _____ Date: _____