

# High School Youth Registration and Emergency Release

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_

Mother's E-mail Address: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Father's E-mail Address: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Permission to post pictures of youth on website, in the newsletter or newspaper

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

I, \_\_\_\_\_, am the parent or legal guardian of (child's name) \_\_\_\_\_ . He/she has my permission to attend special events and activities sponsored by St. Barnabas Lutheran Church in Cary, IL. In the event of illness or accident, if we cannot be reached, I authorize the church or its agents to consent to any diagnosis, exam, treatment, hospitalization or transportation deemed advisable for my child by and rendered under the supervision of a physician. I release the church and its agents from responsibility in case of accident or illness in connection with any church sponsored activities.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

Emergency Contact other than parent: \_\_\_\_\_

Address; \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARTICIPANT'S COVENANT:**

I realize that in registering for Sr. High Youth Activities at St. Barnabas, I am participating in many events that represent St. Barnabas. As a responsible member of the church of Christ, I will do everything in my power to help meaningful worship, sincere fellowship, and growth take place. I will leave my cell phone on quiet and off on trips, only responding to emergencies from home. Ipods and/or CD players will be used only at night when trying to sleep. I will refrain from using alcohol, tobacco, and illegal drugs. I will participate fully in the Youth Activities. I understand that if I need to be sent home as a result of illness or discipline the adult leader in charge will attempt to contact my parents or guardian to arrange such transportation at the expense of the parent or guardian.

\_\_\_\_\_  
Participant's signature \_\_\_\_\_  
Date