

# Club 45

## St. Stephen's Episcopal Church 4<sup>th</sup> & 5<sup>th</sup> Grade Youth Group

Today's date \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Grade \_\_\_\_\_

School youth attends: \_\_\_\_\_

Allergies/Health Issues: \_\_\_\_\_



Youth's e-mail: \_\_\_\_\_ Youth's cell phone: \_\_\_\_\_

Sibling's names/ages: \_\_\_\_\_

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Parents (or guardians): Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

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

Mother's phone: H) \_\_\_\_\_ W) \_\_\_\_\_ C) \_\_\_\_\_

Father's phone: H) \_\_\_\_\_ W) \_\_\_\_\_ C) \_\_\_\_\_



Parent e-mail: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

### Parent volunteer opportunities within **Club 45** (please check all areas of interest):

Host afternoon/evening event \_\_\_\_\_ Chaperone afternoon/evening event \_\_\_\_\_ Driver for outing \_\_\_\_\_

*Over for parental authorization ...*

I hereby give permission to (full name of youth)\_\_\_\_\_ to participate in activities sponsored by St. Stephen's Episcopal Church.

I authorize an adult, in whose care this minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization and release the church and its staff of any liability against personal losses of the named child.

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 program.

Parent/Legal Guardian (name printed)\_\_\_\_\_

Parent/Legal Guardian (signature)\_\_\_\_\_

Date \_\_\_\_\_