

ST. JAMES EPISCOPAL CHURCH, SAN FRANCISCO
YOUTH MINISTRIES REGISTRATION FORM 2006-2007

Participant Name: _____ Birthdate: _____ Grade: _____
Participant's Email: _____ Phone: _____
Parent / Guardian: _____
Parent/Guardian Email: _____
Telephone (Mother): (DAY): _____ (NIGHT): _____
Telephone (Father): (DAY): _____ (NIGHT): _____
Address: _____

In case of emergency and the above persons can not be contacted, please notify:

Name: _____ Relationship: _____
Telephone: (day) _____ (eve) _____

MEDICAL AUTHORIZATION

**** (Adults, please fill this section out for yourself so we have your medical information)*

***I/we the parents or legal guardian of _____, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on 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.

Date: _____ Signature: _____ Relationship: _____
Birth date of Minor: _____ Last Tetanus Shot: _____
Social Security Number: _____
Allergies: _____
Medications: _____
Family Physician: _____ Phone: _____
Insurance Co.: _____ Policy #: _____

COMMUNITY AGREEMENT for ALL PARTICIPANTS

I agree:

1. **NOT to** leave the event or grounds without permission of an adult advisor;
2. **NOT to** bring or use alcohol, any illegal drugs and any fireworks;
3. **NOT to** participate in any violent behavior, including the possession of weapons, excessive/aggressive swearing or language, kicking, hitting, etc.
4. **NOT to** smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree to use it only in the designated area provided;
5. **NOT to** participate in any inappropriate sexual behavior;
6. **TO** respect the needs and property of the other participants and chaperones;
7. **TO** participate in community activities, including check-in and cleanup times;
8. **TO** respect other people in the group (no put-downs or teasing).

I understand these agreements are designed to provide a safe and supportive community at all events. I also understand that if I break one of these agreements, I will have broken the trust of the community, and may be asked to leave at the expense of my parent(s)/guardian(s).

Signature of Participant: _____ Date: _____
Signature of Parent/Guardian: _____ Date: _____
Signature of Clergy Sponsor: _____ Date: _____

St. James Episcopal Church
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