

Registration Form:

Please Complete one Form Per Child in

Full

Please Print

Family

Name: _____

Youth's

Name: _____

Gender: _____ *Date of Birth:*

Grade: _____ *School Name:*

Youth's Email Address:

Parent's Email Address:

Parent's Name:

Mailing

Address _____

City: _____ *Postal*

Code _____

Home Phone

Number: _____

Emergency Contact Person:

Emergency Phone Number:

Health Card Number:

(optional) _____

Family Doctor & Phone

#: _____

Allergies(i.e., bee stings, peanut butter, medications,

seasonal

etc.): _____

Additional Medical/physical/emotional concerns that staff should be aware of:

I understand that in the unlikely event that an accident or any other medical emergency happens during youth ministry or any other youth activity at St. Raphael's every measure will be taken to contact me, the parent and/or guardian. However, if the leaders are unsuccessful in reaching the parent and/or guardian for medical authorization, I hereby give my consent for the responsible leaders to authorize necessary hospitalization or treatment including injections, anaesthesia, surgery and medication. I agree to be responsible for all medical debts arising from such an occurrence.

Print Name of Parent/Guardian

Signature Parent/Guardian

Date

I grant the above-named youth permission to participate in St. Raphael's Youth Ministry from September , 2007 - August 2008 including all activities, walks, outdoor games, crafts, snacks and songs. I also grant permission for photos to be taken and displayed.

Print Name of Parent/Guardian

Signature Parent/Guardian

Date

(N.B. All information is confidential)