



For Office Use Only	
Date Rec'd: _____	Date Entr'd: _____
SG (Child 1): _____	_____
SG (Child 2): _____	_____
SG (Child 3): _____	_____
SG (Child 4): _____	_____

St. Andrew's Episcopal Church Rock U. Kids' Ministry Registration Form 2010-11

(ONLY 1 FAMILY PER FORM)

Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____
 Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____
 Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____
 Child's Name: _____ Date of Birth: _____ Grade as of Sept. 1, 2010: _____

Mailing Address: _____ City: _____ Zip: _____
 Home E-Mail Address: _____ Home Phone: (____) _____
 Mother's Name: _____ Work Phone: _____ Pager/Cell: _____
 Father's Name: _____ Work Phone: _____ Pager/Cell: _____
 Guardian's Name: _____ Work Phone: _____ Pager/Cell: _____
 Allergies, Diseases, or Other Health or Behavioral Concerns (please state which child): _____

Emergency Information: In case parents are not available, my child may be PICKED UP BY:

1. _____ Phone: _____ Relationship: _____
 2. _____ Phone: _____ Relationship: _____

Insurance Company: _____ Group #: _____
 Insurance Company Phone: _____ Employee I.D.#: _____

Authorization for Medical Treatment

In the event of a medical emergency, I hereby authorize an adult teacher, employee, or director from St. Andrew's Episcopal Church, as an agent for me, to consent to any medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state of Texas, either at a doctor's office or in a hospital. I wish to be contacted as soon as possible if treatment is deemed necessary.

Parent/Guardian's Signature: _____ **Date:** _____

Legal Release of Liability

I, _____, hereby release St. Andrew's Episcopal Church, Pearland, in addition to the officers, directors, employees, and agents of St. Andrew's Episcopal Church from any and all liability for injuries or illnesses except those which are the result of gross negligence on the part of the officers, directors, employees or agents of St. Andrew's Episcopal Church, Pearland.

Parent/Guardian's Signature: _____ **Date:** _____

Photo Release

- I do give my permission for photos of my child(ren) to be used by St. Andrew's Episcopal Church for non-profit internal use or website use (names will **not** be included on photos).
- I do NOT give my permission for photos of my child(ren) to be used.

Parent/Guardian's Signature: _____ **Date:** _____