



# Rock On!



## St. Andrew's Episcopal Church

### Child and Youth Ministry Registration Form 2011-12

(Please fill out one form per family.)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of Sept. 1, 2011: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of Sept. 1, 2011: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of Sept. 1, 2011: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of Sept. 1, 2011: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

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

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

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

Email address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

What is your preferred communication?  Home phone  Email  Facebook  Text (Which cell phone carrier do you use?) \_\_\_\_\_

Allergies, Diseases, or Other Health or Behavioral Concerns (please state which child): \_\_\_\_\_  
(continue on the back as needed)

**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: \_\_\_\_\_