

St Aidan's Episcopal Church

1318 SR 532, Camano Island, WA 98282 / PO Box 145, Stanwood, WA 98282
www.StAidanCamanoIsland.org / (360) 629-3969

Youth Participation Registration & Release Form

Instructions:

- Please complete and return this form to St Aidan's office, or give to a representative of the church or church event.
- Completed forms may be scanned to PDF and emailed to SaintAidansChurch@hotmail.com
- We must have this form on file before your child can participate in St Aidan's youth events.

Child's Name _____

Nickname _____

Date of Birth _____

Address _____

Child's School: _____ Grade: _____

Parent Contact Information:

Parent Name _____

Parent's Email Address _____

Parent Name _____

Parent Email Address _____

Emergency Contacts:

Name	Relationship	Phone #	Cell #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Health Related Needs:

Are there any medical problems that we should know about?

Allergies _____ Medications _____

Physician Name & Phone Number: _____

Physician Address: _____

Health Insurance Carrier _____ Policy Number _____

Dentist Name & Phone: _____

Dentist Address: _____

Dental Insurance Carrier _____ Policy Number _____

Medical Consent:

Being the parent/legal guardian of _____ (minor's printed name), I _____ (printed name of parent/guardian) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission for the St Aidan's representative on this St Aidan's sponsored youth trip to make the decisions necessary for treatment. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as a parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

Parent/guardian signature

Date

Parental Permission for Child Participation in St Aidan's Youth Event(s):

I, _____ (printed name of parent/guardian), being the parent or legal guardian of _____ (printed name of minor) hereby give my consent for my minor child to participate in activities sponsored by St Aidan's Episcopal Church, which may off or on site. I understand that the caregivers will take all reasonable safety precautions, and that the possibility of an unforeseen hazard may exist. I further agree not to hold St Aidan's Episcopal Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Parent signature

Date