

St. Mark's Youth Registration Form

Participant Name: _____ Grade: _____

Nickname: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Participant Email: _____

Birthday: _____ Participant's Cell: _____

Parent/Guardian Name: _____

Phone: _____ Cell: _____

Email: _____

Additional Parent/Guardian: _____

Phone: _____ Cell: _____

Email: _____

Interests:

List activities/sports you participate in and hobbies you enjoy.

Activities/Sports: _____

Hobbies: _____

Insurance Information:

Physician's Name: _____ Physician's Phone: _____

Policy Holder: _____

Insurance Company: _____ Policy Number: _____

Employer: _____

Medical Information:

Allergies:

Penicillin Other Drugs: _____

Bee stings Foods: _____

Seasonal Other: _____

If your child is subject to any specific medical conditions or any other special needs, please explain in the space provided:

Emergency Contact Information:
(Please list at least two emergency contacts)

Contact #1:

Name: _____ Relation: _____

Phone: _____

Contact #2:

Name: _____ Relation: _____

Phone: _____

Contact #3:

Name: _____ Relation: _____

Phone: _____

Covenant:

I recognize that as a baptized member of the Body of Christ, I am Christ's Ambassador to the world. I, therefore promise to model behavior in which will reflect Christ's mercy and grace to those around me while participating in all youth events. I will not have in my possession any substances or objects which could harm me or another individual. I acknowledge that if I break this covenant, I will be removed from participation in youth activities and events.

Participant Signature: _____ Date: _____

Liability Release:

My child, _____, has my permission to attend supervised youth activities. I authorize staff or volunteers to secure and medical or emergency treatment as deemed necessary. I agree that if my child breaks the covenant above, I will be responsible for removing my child from the events and/or activities. I acknowledge that I am responsible for all costs of care provided to my son/daughter. I consent to the use of photography and video recordings of my child and family in future church publications. I acknowledge that all of the information in this form is correct.

Parent/Guardian Signature: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD

Thank You!