



The Church of Our Redeemer (Episcopal)
6 Meriam St
Lexington, MA 02420-5309
Ph 781.862.6408
www.our-redeemer.net

2011-2012

Youth Program Registration (6th – 12th grades)

Youth's Full Name (include nickname)

Date of Birth

Grade in School

Name of School

Youth's email address

Baptized? ____ Yes ____ No

Date/Place of Baptism _____

Confirmed? ____ Yes ____ No

Denomination of Confirmation _____

Youth's Hobbies/Interests (including musical instruments)

Special needs or considerations?

Allergies or health concerns?

Siblings and their ages

Parent #1 Full Name

Parent #2 Full Name

Street Address

Street Address (if different)

City and Zip

City and Zip

Parent #1 Phone numbers (home, cell, work)

Parent #2 Phone numbers (home, cell, work)

Parent #1 email

Parent #2 email

Parent to contact first ____ Parent #1 ____ Parent #2 ____ Either/doesn't matter

Please Complete the Other Side as well ~ Thanks!

General Liability Release

I, the undersigned parent/legal guardian of _____ does hereby grant permission for said minor to engage in the various activities sponsored by Church of Our Redeemer (Episcopal) for its youth programs (Rite-13, J2A, YAC, or youth groups), including, but not limited to, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with Church of Our Redeemer (Episcopal) Youth Programs. I acknowledge that my minor child's participation in these programs is voluntary and that participation may have some risks associated with it. I assume responsibility for these risks and agree to indemnify, defend, and hold harmless Church of Our Redeemer (Episcopal), its officers, directors, employees, agents, volunteers and assigns for any claim arising out of or incident to my participation in the program, unless claim is caused by the sole negligence or willful misconduct of Church of Our Redeemer (Episcopal).

Signed by Parent/Guardian: _____ Date: _____

Medical Treatment Permission

It is understood that an effort will be made to contact the undersigned prior to rendering treatment but medical treatment will not be withheld if the undersigned cannot be reached.

I, the parent or legal guardian of _____, hereby authorize and consent to any emergency treatment, including but not limited to X-ray, examination, anesthetic, or medical or surgical diagnosis, rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required. It is given to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.

Signed by Parent/Guardian: _____ Date: _____

Phone(s): _____

Insurance Co: _____

Insurance #: _____

Media Recording Permission

The undersigned participant and undersigned parent or legal guardian does agree to grant to Church of Our Redeemer (Episcopal) permission to record on film, video tape, audio tape or digital media this young person's participation in Church of Our Redeemer (Episcopal) Youth Programs and related events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the promotion of Church of Our Redeemer (Episcopal); and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Signed by Parent/Guardian: _____ Date: _____

Signed by Youth: _____ Date: _____

Please Complete the Other Side as well ~ Thanks!