



**CATHEDRAL  
CHURCH OF**  
ST. LUKE & ST. PAUL

# Youth Registration & Permission Form

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Gender M F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does your family attend church services? Y N

If 'Yes,' how often? Weekly Monthly Yearly

If 'Yes,' which which? \_\_\_\_\_

School \_\_\_\_\_ Years at that school \_\_\_\_\_ Grade \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

\_\_\_\_\_

When, generally speaking, are practices and games? \_\_\_\_\_

\_\_\_\_\_

If necessary, describe the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or other conditions to which your child is subject and of which the staff and volunteers should be aware.

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Please list any current medications.

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Allergies and their preferred treatment information:

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Other things I'd like you to know about my student: \_\_\_\_\_

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Mom's name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ On Facebook? Y N

Preferred method of private contact: Email Phone

Dad's name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ On Facebook? Y N

Preferred method of private contact: Email Phone

If you cannot be reached in the case of emergency, who should we contact?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Medical Care: I hereby authorize an adult leader of the activity to act as my agent to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible. Cathedral staff will follow all 911 protocol, including transportation by ambulance.

Provide your health insurance information below or a copy of both the front and back of your insurance cards as many hospitals will not treat until an insurance card is provided:

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Photo Release: I understand that pictures and videos (individual and group) will be taken during events. I give permission for my teen's picture to be used (newsletter, web page, etc.), with the knowledge that names will not be used.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I am agreeing to allow my child to participate in church related activities (dates effective: 08/01/16-7/31/17).

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Overnight Trips

Are there any medical conditions listed above that we need to be aware of?

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Does your child wear?            Glasses            Contact Lenses

Medications used by student: \_\_\_\_\_

Does your student administer his/her own medication?    Y    N

Date of last Tetanus: \_\_\_/\_\_\_/\_\_\_