



ST. JOHN'S EPISCOPAL CHURCH

191 County Road
Barrington, RI 02806
TEL (401) 245-4065 • FAX (401) 245-0518

Use this form for:
Rite-13...Grades 6-8
J2A...Grades 9-12

Please Check:

- Middle School
- High School

RITE - 13 & J2A

2009 - 2010

REGISTRATION & CONSENT FORM

Family Name (Last Name): _____

Child's Full Name: _____

Male / Female: _____ Birth date: _____ Grade: _____

Parent(s) / Guardians' Name(s): _____

Street Address: _____

Home Telephone: _____

Cell(s) of parents: _____

Email Address of parent(s): _____

Email of Student: _____

Insurance Carrier: _____

Policy #: _____

Family Physician: _____ Tel: _____

Allergies / Considerations: _____

- *I/we hereby give permission for the above named minor to attend and participate in the Youth Group activities of St. John's Episcopal Church (191 County Road, Barrington, RI).*
- *I/we realize that in the event of injury or suspected physical harm, all reasonable attempts will be made to contact, but in the best interest of the above named minor, I/we hereby authorize and direct any of the clergy or youth director of St. John's Episcopal Church to authorize and obtain such medical care as such person shall deem reasonably necessary or appropriate for said minor including any emergency treatment, hospital care, X-ray, examination, anesthetic, surgical or dental diagnosis and treatment. I/we, the said parent(s) / guardian(s) of said minor will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named minor(s) pursuant to this authorization. Any physician, nurse, dentist, hospital, EMT, emergency service is entitled to rely on this authorization as the basis for rendering medical care to said minor.*

Parent or Legal Guardian: _____ Date: _____

For the student:

I understand that by participating as a youth in an activity of St. John's Youth Group, I will be required to obey the chaperones, teachers, and youth leaders. Recognizing that rules are set in place for my safety and protection, as well as in order to provide the kind of structure necessary to conduct a successful program. I agree to abide by the rules and regulations set in place by the St. John's Youth Group and any rules set by the places we may visit. I understand that if I fail to abide by the rules, I may be sent home.

Youth Signature: _____ Date: _____

I wish to receive the Youth Ministry Newsletter by mail: by email: neither: