



ST. PETER PARISH – YOUTH MINISTRY - ROCK
Student registration 2016-2017

Name: _____ age _____
(first initial last)

School _____ Grade _____ Parent email: _____

Address: _____

Home phone: _____ Parent cell phone: _____

Parent/legal guardian names: _____

Address (if different than student):

Other Emergency Contact: Name _____ Cell Phone # _____

MEDICAL INSURANCE CARRIER: Parent/guardian's insurance group name _____

Insurance group number _____

FAMILY PHYSICIAN: Name _____ Phone # _____

DENTIST: Name _____ Phone # _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

My child requires the following medicine: _____

My child has permission to be given Tylenol, Ibuprofen, or Benadryl if they request it _____yes _____no

My son or daughter has my permission to participate in all activities associated with all scheduled events of the St. Peter Youth Ministry and to be photographed and video taped for ministry purposes. In Case of Medical Emergency, I understand that, in the event medical treatment is required, every effort will be made to contact me or the designated emergency contact person. However, if I cannot be reached, I give my permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. My request releases all parish staff and volunteers from any normal liabilities or personal responsibility for injuries, loss of property or incidents connected with this activity.

(Signature of parent/guardian) Date: _____

Special interest or talents: _____
Contact Mike Field at youthminister@saintpeterchurch.net