

# St Giles Youth Ministry "Trip Slip" August 2011-July 2012

## GENERAL INFORMATION

Participant Name (first, middle, last) : \_\_\_\_\_

Address (street, city, zip): \_\_\_\_\_

School: \_\_\_\_\_ Class Year: \_\_\_\_\_ Date Form Submitted: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

√ Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

√ Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

## IN CASE OF EMERGENCY

√ **Primary Emergency Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Alternate Phone (optional): \_\_\_\_\_

√ **Alternate Emergency Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Alternate Phone (optional): \_\_\_\_\_

√ **Primary Physician** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSURANCE INFORMATION

Company Name : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_ ID #: \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

## HEALTH INFORMATION

Current Medications : \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Please list/explain any allergies, dietary restrictions (i.e. vegetarian, gluten-free, etc) or other health concerns below:

# St Giles Youth Ministry "Trip Slip" - 2011/2012 continued

## COMMUNICATION INFORMATION

We would like to keep you updated about all the great things happening at St Giles Youth Ministry in the future, so please look over the communications options below, and let us know what works for you by marking good ways to contact you with checkmarks.

- You may use this email address to send me information about St Giles Youth Ministry:

EMAIL ADDRESS: \_\_\_\_\_

- You may use Facebook to contact me about St Giles Youth Ministry. I will "friend" Theresa Matthews on Facebook.
- You may use this phone number to contact me about St Giles Youth Ministry:

PHONE: \_\_\_\_\_ (circle one: cell / home )

√ I give permission to St Giles Youth Ministry to contact me through the means indicated with checkmarks above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

√ I (parent/guardian name) \_\_\_\_\_ give permission for St Giles Youth Ministry to contact my child through the means indicated with checkmarks above. I (please circle one) **WOULD / WOULD NOT** like to be included on email communications to my child, and my email address(es) is/are listed below.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Guardian Email(s) (OPTIONAL): \_\_\_\_\_

## PHOTO PERMISSION

Occasionally St Giles Parish uses photographs of parishioners for educational or marketing purpose in St Giles publications (such as the bulletin) or on our website. Please indicate below whether you authorize St Giles to use photographic images of you / your child.

- I authorize St Giles Parish to use photographic images of me / my child for educational or marketing purposes.
- I do not authorize St Giles Parish to use photographic images of me / my child for educational or marketing purposes at this time.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO OBTAIN MEDICAL CARE FOR PARTICIPANT

The information contained on this form is current and correct. Should this information change before August 1, 2011, I acknowledge that it is my responsibility to complete a new form and return it to the St Giles Youth Office before the participant takes part in another Youth Ministry function. In the event of an emergency, I give my permission for emergency transportation and medical treatment. In the event that the undersigned cannot be reached, and in the judgment of the designated supervisor of the activity, there is a necessity for immediate examination and/or treatment of the participant, I hereby authorize any of the aforesaid personnel to obtain for me / my child such medical services as are deemed necessary.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_