SAINT ANDREW'S
EPISCOPAL CHURCH

Registration and Release for 2026-2027 Children & Youth Programs

DATE: _____

Family Information

Parent Name:	Mobile Phone:
Parent Name:	Alternate Phone:
Address:	Email(s):
Alternate Emergency Contact (Name & Phone Number):	
If anyone besides parents listed above is authorized to pick up, please note that here:	

Child Information (if more than 3, complete additional form)

Child's Name:		Gender:
Date of Birth:	Current Age:	Grade (as of Sept '26):
Special Instructions (food allergies, needed medical/behavioral history, etc.):		

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Special Instructions (food allergies, needed medical/behavioral history, etc.):		

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Date of Birth:	Current Age:	Grade (as of Sept '26):
Special Instructions (food allergies, needed medical/behavioral history, etc.):		

TURN OVER and complete Release with Medical Contact / Insurance Info

Parent/Guardian Release

_____

Full name(s) of participant(s)

has / have my permission to attend the youth programs of Saint Andrew's. I understand that all reasonable safeguards will be taken but that Saint Andrew's and the leaders of these programs are not responsible for accidental injury. In case of medical emergency, I the parent or legal guardian of, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Date:	Signature:
Insurance Company:	
Policy #:	Group #:
Name of Policy Holder:	Insurance Company Phone:
Children's Physician:	Phone:

Additional Info

Anything else you would like us to know about your youth that has not been indicated on this form?

Photography Release

Saint Andrew's requests the right to take photographs/videos of program participants for lawful purposes, including publicity, news reporting, and web content.

Please circle "Yes" or "No"

Yes No I grant Saint Andrew's permission to photograph or video the likeness of the children listed on this form for use in parish communications or promotional material.