

# St. Dunstan's Episcopal Church 2024-2025 Family Registration

Complete **ONE** form per family for all children birth through 12<sup>th</sup> grade (please print legibly)

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

Children live with: ☐ Parent/Guardian #1 ☐ Parent Guardian #2 ☐ Both ☐ Other \_\_\_\_\_

Address \_\_\_\_\_

Email(s) \_\_\_\_\_

Cell phone(s) \_\_\_\_\_

Adult(s) other than listed above who has permission to bring or pick up your child:

Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

Are there legal/custodial issues we should be aware of? ☐ No ☐ Yes (Staff will contact you)

**Child's Name** \_\_\_\_\_ Name goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F Other \_\_\_\_\_ Age as on Sept. 1: \_\_\_\_\_ Grade \_\_\_\_\_

☐ Yes, I am interested in St. Nicholas Children's Choir, Chimes Choir, or St. Cecelia Youth Choir!

Are there any **special needs** we should be aware of? (*allergies, illness, physical restrictions, special behaviors or learning styles, etc.*) \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Name goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F Other \_\_\_\_\_ Age as on Sept. 1: \_\_\_\_\_ Grade \_\_\_\_\_

☐ Yes, I am interested in St. Nicholas Children's Choir, Chimes Choir, or St. Cecelia Youth Choir!

Are there any **special needs** we should be aware of? (*allergies, illness, physical restrictions, special behaviors or learning styles, etc.*) \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Name goes by \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F Other \_\_\_\_\_ Age as on Sept. 1: \_\_\_\_\_ Grade \_\_\_\_\_

☐ Yes, I am interested in St. Nicholas Children's Choir, Chimes Choir, or St. Cecelia Youth Choir!

Are there any **special needs** we should be aware of? (*allergies, illness, physical restrictions, special behaviors or learning styles, etc.*) \_\_\_\_\_

**Please see other side for parent/guardian signatures.**

## St. Dunstan's Church Publicity Release Form 2024-2025

St. Dunstan's occasionally uses pictures of the youth and activities that promote the church and programs offered at St. Dunstan's on the website or Church advertisements. No youth names will be used. Please indicate your preference below:

### PUBLICITY AUTHORIZATION

\_\_\_\_\_ I **DO** authorize use of pictures taken at St. Dunstan's of aforementioned minor(s), to be used on the website, in print, of activities, events, and/or fundraisers at St. Dunstan's.

\_\_\_\_\_ I **DO NOT** authorize use of pictures taken at St. Dunstan's of aforementioned minor(s), to be used on the website, in print, of activities, events, and/or fundraisers at St. Dunstan's.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Youth Group Permission Form 2024-2025

My aforementioned minor child(ren) has/have my permission to participate in Youth Group activities sponsored by the St. Dunstan's Youth Ministry.

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others. I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

Allergies (medication, food, etc.) and reaction: \_\_\_\_\_

\_\_\_\_\_  
*I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.*

THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

If unavailable in emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_