



Youth Engaged @ St. Stephen's (Y.E.S.S.)

Youth Group Registration Form | 2026–2027

Youth Member Information

- Full Name:
- Preferred Name/Nickname:
- Preferred Pronouns
- Date of Birth (MM/DD/YYYY): _____ / _____ / _____
- Current Grade: _____ | School:

Parent / Guardian Information

- Parent/Guardian 1 Full Name:
- Relationship to Youth:
- Primary Phone: (____) - _____
- Email Address:

- Parent/Guardian 2 Full Name:
- Relationship to Youth:
- Primary Phone: (____) - _____
- Email Address:

Emergency Contact (If Parents Cannot Be Reached)

- Emergency Contact 1 Name:
- Relationship to Youth:

- Primary Phone: (____) - _____
- Emergency Contact 2 Name:
- Relationship to Youth:
- Primary Phone: (____) - _____

Medical & Dietary Information

- Allergies (Food, Medication, Environmental):
- Dietary Restrictions (e.g., Vegetarian, Gluten-Free):
- Chronic Medical Conditions or Medications We Should Be Aware Of:

- Health Insurance Provider:
- Dr. Name and Phone Number:
- Policy Number:
- Group Number:
- Policy Holder

Permissions & Liability Waivers

The student named above has my permission to participate in St. Stephen's Episcopal Church's Youth and Children's programs, events, field trips, and outings including but not limited to play on bounce houses, water slides, and other recreational equipment. I waive any claim against the church and its approved leaders, teachers, staff, and volunteers.

[] Medical Treatment Authorization

In case of medical emergency, I/we, the parents of the student, a minor, hereby authorize, and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, 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 any licensed hospital or medical facility at my/our expense. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to call paramedics, transport, and render care which is deemed advisable in the best judgement of medical personnel.

In the event of a medical emergency, I hereby grant permission to the staff and adult volunteers of St. Stephen's to authorize necessary medical treatment or first aid for my youth if I cannot be reached immediately.

Photo & Media Release

I hereby [] **GRANT** / [] **DO NOT GRANT** permission for St. Stephen's Episcopal Church Santa Clarita, to use photographs or videos of my youth for church newsletters, website updates, or official social media accounts.

Parent/Guardian Signature:

Date

Parent/Guardian Signature:

Date