



SAINT JAMES EPISCOPAL

301 Piney Mountain Road ~ Greenville, SC 29609 ~ Tel. (864) 244-6358

St. James Episcopal Church is, above all, a welcoming, caring community. We are dedicated to worship, outreach, fellowship and growth in the service of Christ.



Youth Event Registration Form

Name and Date of Event _____

Participant's Name _____

Participant's Cell Phone Number _____

Parent/Guardian Names _____

Cell Phone (Mom) _____ Cell Phone (Dad) _____

Parent/Guardian Release

_____ (full name of participant) has my permission to attend the above named event. I understand that my child may be riding in another parent's car and that all reasonable safeguards will be taken, but that Saint James Episcopal Church and the leaders and drivers of this event 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 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 of Parent/Guardian _____

Birthdate of Participant _____ Date of last tetanus shot _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Insurance Company _____ Policy # _____

Name of Policy Holder _____ Ins. Co. Phone _____

Any food or drug allergies _____

Special Needs _____

Medical Diagnoses or Medication _____

Do adult leaders have permission to dispense Tylenol, Advil, or other over-the-counter medications?

No _____ Yes _____ Except _____

If I cannot be reached, please contact _____

Phone _____ Relationship _____