



St. John's Episcopal Church
234 French Street, Bangor Maine 04401

YES Registration

Youth's name _____ Age _____ Birth date _____

Child's School _____ School grade _____

Registering for (circle one): Junior YES (Middle School) Senior YES (High School)

Does your child have any allergies?

Parents'/Guardians' Names _____

Address: _____
Street Town Zip

Phone numbers _____
(Home) (Cell) (other)

Email addresses _____

Family Facebook Group _____ Already a member _____ Need to join.

Use of photo/video: No one, youth or adult, will be identified by name in any picture in electronic or print format, unless specifically authorized. As parent/guardian, I give permission for the above named child to be photographed/ videotaped for use on the church webpage and in internal and external publications.
_____ Yes _____ No

Youth groups generally meet 2nd and 4th Sundays after the 10am service.

By registering my child for JR or SR YES, I agree to volunteer for one or more of the following:

- Dates I will bring lunch to a youth group meeting (circle one)
 - October 15th
 - November 12th
 - December 10th
 - January 14th
 - February 11th
 - March 18th
- I am willing to host or organize a youth activity/fun night _____ Yes _____ No

Activity Release

I give permission for my son/daughter to participate in youth recreational activities with the St. John's YES group in the greater Bangor area. I absolve St. John's, their employees, and volunteers from responsibility for accident or injury which may occur during any aspect of these events, including transportation to and from activities.

Signature: _____ Date: _____

What would you like youth leaders to know about your child? (learning style, special needs, etc.):



St John's Episcopal Church
Parental Permission Form
Transportation of Youth To & From Off-Campus Service Sites

Name: _____ Age: _____ Grade: _____

Address: _____

Home Phone: _____ Cell phone: _____

Which phone is the best way to reach you? _____ E-mail: _____

Child's cell phone, if they will be bringing one: _____

PARENTAL PERMISSION RELEASE

I give permission for my son/daughter to participate in St. John's sponsored events. I absolve St. John's, the site and their employees, and volunteers from responsibility for accident or injury which may occur during any aspect of this event, including transportation to and from the event. I give permission to the adult(s) in charge to provide or get emergency medical treatment for him/her, and I will be financially responsible for any such treatment.

Insurance Company & Policy Number:

Important Medical Information:

Prescription Meds s/he is allowed to bring: _____

Special needs: _____

Emergency phone numbers for parents: _____

Print Parents' Names:

Parent's Signature:
