

Please complete the following form and hand it in to a Leader during the Edge or Life Nights on Sunday evenings.

## ST. CLARE YOUTH MEMBER FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_

\_\_\_\_\_

*\*Does your child have an Epi-pen? \_\_\_\_\_ If yes, does your child carry their Epi-pen? \_\_\_\_\_*

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Special/ Other Conditions: \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATON

*Please list an emergency contact that can be reached if an emergency arises.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to member: \_\_\_\_\_ Email Address: \_\_\_\_\_

### MEDIA CONSENT

Yes, I give permission to my son/daughter to participate in any media activity and to be filmed, photographed, audiotaped, or videotaped either in print or broadcast media.

No, I ***DO NOT*** give permission to my son/daughter to participate in any media activity and to be filmed, photographed, audiotaped, or videotaped either in print or broadcast media.

\_\_\_\_\_  
Youth Member Signature

\_\_\_\_\_  
Parent/Guardian Signature