



6556 Park Ridge Blvd • San Diego, CA 92120
(619) 460-6442 • www.stdunstans.org

SPARC Registration 2017-2018

Date: _____

STUDENT'S FULL NAME: _____

Nickname/Name student goes by: _____

Date of Birth: _____ Current Grade: _____ (High School) Graduating Year: _____

School Currently Attending: _____

Address: _____ Telephone (Home): _____

_____ Parent/Guardian Cell #1: _____

_____ Parent/Guardian Cell #2: _____

Parent/Guardian(s) Name(s): _____

Parent/Guardian(s) email address(es): _____

Please list all allergies or medical conditions: _____

*The success of our youth program depends heavily on involvement from YOU as parents!
Please prayerfully consider ways you can personally partner with the youth group!*

YES! I'd like to partner with the youth ministry at St. Dunstan's by...

- | | |
|---|--|
| <input type="checkbox"/> Being an on-call driver for events | <input type="checkbox"/> Being on the parent prayer team |
| <input type="checkbox"/> Helping with fundraisers (as needed) | <input type="checkbox"/> Publicizing events |
| <input type="checkbox"/> Hosting events at my home | <input type="checkbox"/> Chaperoning events (as needed) |
| <input type="checkbox"/> Substitute teaching (Sun AM) | <input type="checkbox"/> Other: _____ |



**St. Dunstan's
Episcopal Church**

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**Permission and Medical Consent
For Treatment of a Minor**

Sept. 1, 2017 – Aug. 31, 2018

I, the undersigned parent or legal guardian, hereby give permission for my child to participate in both on and off-site activities of St. Dunstan's youth within a radius of 50 miles from the church.

I understand that St. Dunstan's Church carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the church's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the church's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in an activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to church's sponsor or any adult counselor acting on behalf of the church with respect to the activity, as agent for me, to consent to any x-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state, either as an outpatient or in any hospital.

I hold blameless St. Dunstan's Episcopal Church, its Vestry, members, clergy, staff, agents, and volunteers for any and all claims, costs, obligations and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the below named individual, whether or not arising from any alleged negligence, fault or legal liability. A photocopy or other reproduction of this authorization shall be considered as an original. (California Civil Code: Section 25.8)

Child's Full Name: _____

Insurance Co. name, address, and phone: _____

Policy #: _____ Member's name: _____

Preferred Hospital: _____

Signature of Parent or Guardian _____

Date signed: _____