

**St. Elizabeth's Episcopal Church**  
**169 Fairmount Road, Ridgewood, NJ 07450**  
**201-444-2299**

**Y.P.F. (Young People's Fellowship) PARTICIPATION FORM**  
**September 2018 – August 2019**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**AUTHORIZATIONS:**

I/we, the parents or legal guardian of \_\_\_\_\_, a minor, give permission for this child to attend the Y.P.F. gatherings from September 2018 through August 2019.

I/we hereby give permission for this child to ride in any vehicle designated by the adult in whose care the child has been entrusted while attending the Y.P.F. meetings.

I/we authorize an adult in whose care the child has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care, to be rendered to the minor under the general or specific 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 licensed medical personnel.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

By signing here, I, \_\_\_\_\_, a participant in the Y.P.F. group, assure my parent(s)/guardian(s) that I can be trusted to behave responsibly and considerately at Y.P.F. functions so as to avoid injuring myself or another person or damaging property.

Date: \_\_\_\_\_ Participant Signature: \_\_\_\_\_