



**REGISTRATION AND PARENTAL CONSENT FORM (PLEASE PRINT CLEARLY)**

Student's Name: \_\_\_\_\_ T-Shirt: XL L M S YL YM YS

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

School: \_\_\_\_\_ 2008-2009 Grade: \_\_\_\_\_

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

Parent's Names: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Mother's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

To whom it may concern:

The undersigned hereby understand the potential risks involved in youth group activities and give permission for our child/youth, \_\_\_\_\_, to attend and participate in St. Luke's Performing Arts Academy Summer Music Theater Intensive activities sponsored by St. Luke's United Methodist Church for July 6-17, 2009. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician, licensed under the provisions of the Colorado Medical Practice Act or similar licensing laws, or the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at the office of said physician, dentist, or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any medical, dental, hospital or other services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child/youth to return home due to medical reasons or otherwise, the undersigned shall assume all costs including, but not limited to, transportation, lodging, meals, and other related costs. The undersigned also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Luke's United Methodist Church.

The authorizations contained in this Parental Consent Form can only be revoked in writing, signed by the persons whose signatures appear below, and hand delivered to the Director of the St. Luke's Performing Arts Academy.

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Child/Youth's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies: Yes No (snacks provided) \_\_\_\_\_

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

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

Date of last Tetanus / DPT: \_\_\_\_\_

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

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_