



YOUTH PROGRAMMING REGISTRATION FORM

St. Johnsbury Academy Field House (SJAFH)



Activity: _____

Session: _____

Participant's Information				
(Please Print)				
Last Name:	First Name:	Birthdate	AGE:	SEX:
Street:		/ /		_M _F
City:	State and Zip:	Grade Level Entering:		
Parent/Guardian (1):		Home Phone #:		
Parent/Guardian (2):		Work/Cell Phone #:		
Email Address:				
Emergency Contact: <small>(other than parent or guardian)</small>		Phone #:		
Medical History / Allergies				
Does your child have any disabilities, handicaps, diabetes, present inquires or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No				
If yes, describe:				
Emergency Authorization				
I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the staff at SJAFH acting in the capacity as my agent, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I can not be reached, please contact the emergency contact person listed above, who is hereby authorized to act on my behalf.				
Waiver of Liability				
For St. Johnsbury Academy Field House to accept registration and permit participation, I, the parent or guardian hereby give my consent and agree to release, indemnify, and hold harmless SJAFH including their staff, representatives and board members from any claim arising out of injury to the participant. I also hold the above harmless from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based upon religious philosophical beliefs or otherwise. I have medical or accident coverage for participants in this activity and take responsibility for any related medical costs. I acknowledge that SJAFH may use photographs or videos of the participant to promote SJAFH programs and I consent to such uses; I hereby waive all rights to compensation.				
Code of Conduct and SJAFH Regulations				
Participating in an SJAFH-sponsored event or activity means I agree with SJAFH's Code of Conduct and Regulations. SJAFH staff will notify parents/guardians of a participant's violation of these rules & regulations. The SJAFH staff will handle situations that arise on a case-by-case basis, and the program director, Hank Van Orman, will determine appropriate consequences.				
I have read the information above and the Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.				
Printed Name of Parent or Guardian:			Date:	
Signature of Parent or Guardian:				