THE CHURCH OF THE GOOD SHEPHERD

EYC/Youth Group Registration for 2026-2027

Classes Begin September 13, 2026, at 9:00a

This form registers your youth for all EYC/Youth Ministry programs and serves as the release for Youth Group activities. Please return to the Rev. Redmond Self in person or by email (redmond.self@good-shepherd.net)

Youth's Full Name: _____

Youth's Preferred Name: _____ **Preferred Pronouns**: _____

DOB: _____ **Grade for 2026-2027**: _____

School: _____ **Graduation Year**: _____

Parent 1 Name: _____

Mobile: _____ **Email**: _____

Parent2 Name: _____

Mobile: _____ **Email**: _____

Primary Address: _____

Allergies (food, medication, etc.): _____

Medical Conditions you would like us to know about: _____

_____

Emergency Contact Information: If in an emergency you cannot be reached, please indicate who outside of your household we should call.

Name: _____ **Mobile**:_____

Photo/Media Release: I give my permission for photographs or video footage of my youth to be used by The Church of the Good Shepherd for promotional purposes. (brochures, newsletters, website photos, online photo albums of events, and social media, etc.) (No names are to be used) **Initial here**: _____

Parent/Guardian Signature & Date: _____

Authorization and Medical Release for Events for 2026-2027

Throughout the programming year, our youth may attend a church-sponsored and organized activity on-campus or off-campus. Please complete this authorization and Health/Medical Release form for each youth. These records will be retained for the 2026-2027 programming year and then destroyed. This form authorizes your youth for all on-campus and off-campus events.

Youth's Name: _____

PARENTAL CONSENT

I give full permission for my youth to attend all Church-sponsored and organized youth events on-campus or off-campus. These events may include Youth Group, Movie Nights, Adventure Course, Bowling, Acolyte Festival, Retreats, Crop Walk, Laser Tag, Shrine Mont, Amusement Park trips, etc.

Initial here: _____

MEDICATION AUTHORIZATION

The following is a list of medications that my youth will/may need to take while attending a Church-sponsored and organized event. (Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over-the-counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION **DOSE** **WHEN TAKEN**

_____

_____

_____

MEDICAL INSURANCE INFORMATION

Health Insurance Company: _____

Policy/Group Number: _____

Policy Holder Name: _____

MEDICAL RELEASE:

I give permission to the leaders of this program to secure emergency medical or surgical treatment for my youth if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed. In case of a medical emergency, I hereby grant permission for my youth to be transported by ambulance to an appropriate medical facility, if necessary.

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, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.

Initial here: _____

TRANSPORTATION RELEASE:

I give full permission for my youth to be transported to off-campus Church-sponsored and organized activities in conjunction in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event. The Church and event leaders will follow Safe Church guidelines and approve all drivers.

Initial here: _____

WAIVER OF LIABILITY:

I agree to hold The Church of the Good Shepherd, the Diocese of Virginia, and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned youth arising out of or connected with his/her participation in any activity related to his/her participation in the Church-sponsored and organized activity.

Initial here: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____