## Please note: Complete all forms in their entirety including those returning participants so we have the most up to date information.

1. *Prior to submitting this form, parents (and those 18 years old and over), must be Saint Mark Stewards for the 2019-2020 Ecclesiastical year.*
2. *Please fill out one form for each child/person.*

**Participant Information**

Name of Child: Date of Birth: Grade entering:

Address:

Child Contact Email: Cell Phone:

Allergies or Medical Info:

**Emergency Contact Information**

Parent Name (1): Cell Phone:

Parent Email (1):

Parent Name (2): Cell Phone:

Parent Email (2):

**Please check all that apply:**

☐ **Sunday Church School** (*No charge but must register.)* ☐ Pre K-4 through 12th Grade  
 ☐ Little Angels (2-4 years old)

☐ **JOY** (*grades 1 through 5*) $30

☐ **GOYA** (*grades 6 through 12*)

☐ Grade 6 *(do not participate in District Events)* $100

☐ Grades 7 through 12 $150

**Total Registration Fees:** $\_\_\_\_\_\_\_\_\_

**Office Use Only**

**Form of Payment Total Paid $**

**Check- payable to Saint Mark** Check # \_\_\_\_\_\_\_\_\_\_\_   
 **Credit Card** Credit Card # Exp. CVC   
 **Cash** Amount $ \_\_\_\_\_\_\_\_\_\_\_

**Parental Consent, Liability Waiver and Insurance Information**

We, the parent of the child above, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give our consent for their participation in any and all activities of Saint Mark Youth Ministries, including Sunday Church School, JOY, GOYA (and District events) for the 2019-2020 year, host communities, directors, coaches, advisors, and agents without regard to any negligence on their part, against any claim for damages, compensation including all losses and expenses, caused to or by your child while participating in any activity.   
  
We consent and give authority to obtain medical care and treatment for any and all injuries sustained as a result of participation in any activities.

Parent/Guardian Signature: Date:

Parent/Guardian Name:

**Medical Coverage Information**

Name of Insured/Subscriber:

Relationship to Child:

Insurance Company Name:

Policy #: Group #:

Insurance Company Phone Number:

Please consider volunteering for a Sunday school, GOYA, & JOY volunteer opportunities by selecting one or more of the below items:

Substitute Sunday School Teacher Full-Time Sunday School Teacher  
 Christmas Pageant Room Parent  
 Arts & Crafts Oratorical Festival



GOYA Volunteer (Many different volunteer options to choose from to suit your availability.)



JOY Volunteer (Many different volunteer options to choose from to suit your availability.)

