

**Popcorn and Pajamas (Parent's Night Out) Registration Form  
The Episcopal Church of the Atonement**

_____ Youth's Name		_____ Date of Birth		M   F Sex
_____ Parent's/Guardian's Names		_____ School/Grade		
(   ) _____ Home Phone	(   ) _____ Work Phone	(   ) _____ Cell Phone	_____ Email address	
_____ Address		_____ City, ST ZIP Code		

**Emergency Contacts**

_____ Primary Emergency Contact		_____ Secondary Emergency Contact		
(   ) _____ Home Phone	(   ) _____ Work/Cell Phone	(   ) _____ Home Phone	(   ) _____ Work/Cell Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

**General Medical Release**

\_\_\_\_\_  
Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release The Episcopal Church of the Atonement and individuals from liability in case off accident during activities related to the Popcorn and Pajamas (Parent's Night Out), as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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\_\_\_I authorize my child's image to be used for Popcorn and Pajamas flyers and the church website. (Photo authorization.)