

Christ Episcopal Church
YOUTH GROUP RELEASE FORM

Sept 1, 2019 to Aug 31, 2020 (valid for 1 year only).
Kept on file at CEC office & taken on all activities involving travel.

Youth Name: _____ Age _____ Birth Date _____

Address _____ City _____ Zip _____

Grade in school _____ School _____ Home Phone: _____

Youth Email: _____ Youth Cell Phone #: _____

Siblings: _____

Parent/Guardian's Name: _____

Address (if different) _____

Phones: Home _____ Work _____ Cell _____

Email(s): _____

Parent/Guardian's Name: _____

Address (if different) _____

Phones: Home _____ Work _____ Cell _____

Email(s): _____

Emergency Contact Name: _____ Relationship: _____

Phones: Home _____ Work _____ Cell _____

MEDICAL INFORMATION and a copy of the front & back of your current insurance card.

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical/Physical History:

1. Your child is a ___ strong swimmer ___ fair swimmer ___ non-swimmer

2. Date of last tetanus shot: _____

3. Does your child wear: ___ glasses ___ contact lenses

4. Please describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, allergy or condition to which your child is subject and of which the staff should be aware, and what, if any, action or protection is required on account thereof. Submit this notification in writing below, or if necessary, attach it to this form.

9. If the student is on any **PRESCRIBED MEDICATIONS**, please list below or add separate page if needed. During any extended youth event, such medicines will be held and distributed by a designated chaperone. Please indicate medication, dosage, and frequency:

10. Please list any over-the-counter medications that your child may **NOT** take such as Tylenol, aspirin, Dramamine, Benadryl, sunscreen, or poison ivy/topical cortisone creams. Please include any special instructions.

STUDENT RULES OF CONDUCT

We expect each student to conform to these Rules of Conduct: No possession or use of alcohol, drugs, or tobacco. No fighting, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing. No boys in girls' sleeping quarters or restrooms and no girls in boys' sleeping quarters or restrooms. Participate with the group and comply with schedules. Respect others property and privacy. Respect one another, staff, and adult leaders. Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the above evaluation of my health and the Rules of Conduct and I agree to abide by the stated personal limitations and Rules of Conduct.

Student signature: _____ Date: _____

PARENT/LEGAL GUARDIAN PERMISSION FORM

I/We have legal custody of the student, a minor, named above ("Child"). I/We do hereby consent to medical treatment of Child by any health care provider to whom Child is brought for medical treatment or who is designated by any priest, employee, agent, or volunteer worker of Christ Episcopal Church, and for such medical treatment that the medical provider deems necessary or in the best medical interest of Child. I/We further authorize said pastor, employee, agent, or volunteer to give consent for such treatment and to sign such authorization(s) as the medical care provider may require as a condition of treatment. I/We hereby release Christ Episcopal Church and its priest(s), employee(s), agent(s) or volunteer(s) of Christ Episcopal Church from any and all liability, including liability from negligence, due to said pastor's, employee's, agent's, or volunteer's action or non-action in obtaining medical treatment for Child, and release any such provider from any and all liability for any claim that such treatment was not consented to by me/us. I/We acknowledge that I/we will ultimately be responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided above is accurate at this date and is in full force. I/We will promptly notify Christ Episcopal Church of changes in health insurance coverage or carrier. I/We agree to bring Child home at my/our expense should he/she become ill or if deemed necessary by the Youth Group staff member. I/We give my/our consent for Child to attend events organized by Christ Episcopal Church. I/We acknowledge that some of the events have inherent risks of injury which I/we assume on behalf of Child. Additionally, I/we hereby release Christ Episcopal Church, its priest(s), employee(s), agent(s) or volunteer(s) from any and all liability due to any injury to Child's person or property, including death, which might occur during or as a result of Child's participation in such events and agree to hold them harmless from any claims against them arising out of Child's participation in events organized by the Church.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Youth Media and Photo Release Form

The undersigned agrees to grant to Christ Episcopal Church permission to record on film, videotape, audio tape, or other media his or her child's participation at the Youth events. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by Christ Episcopal Church and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned. **Names of youth will not be connected to any photos/video posted online.**

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____