

St. Ann's Episcopal Church
Registration for Sunday School/Youth Group and Liability Release Form
September 2015-June 2016

262 Middle Road, Sayville, NY 11782 • (631) 589-6522

<p>MINOR'S NAME _____ HOME PHONE _____</p> <p><small>If you have more than one child, you will need an individual form for each child.</small></p> <p>ADDRESS: _____</p> <p>_____</p> <p>WORK PHONE(S)/CELL PHONE(S) _____ / _____</p> <p>GRADE _____ AGE _____ BIRTHDATE _____ GENDER _____</p> <p>PARENT(S)/GUARDIAN NAME(S) _____</p>
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TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) child:

_____ (“youth”), to attend and participate in SUNDAY SCHOOL and YOUTH MINISTRY EVENTS sponsored by ST. ANN’S EPISCOPAL CHURCH except as noted by me.

EXCEPTIONS: _____

LIABILITY RELEASE: In consideration of St. Ann's Episcopal Church allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless St. Ann's Episcopal Church, its employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the youth while involved in the youth activities. We (I) the parent (s) or legal guardian (s) of this youth hereby grant our (my) permission for the Participant to participate fully in youth ministry activities.

Furthermore, we (I) [and on behalf of our (my) youth] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this youth. The undersigned further hereby agree to hold harmless and indemnify said church for any liability sustained by said church as the result of the negligent, willful or intentional acts of said youth, including expenses incurred attendant thereto.

Medical Treatment Permission: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special 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 or emergency care facility. The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the afore mentioned youth pursuant to this authorization.

Furthermore, we (I) give permission for an adult supervisor to administer any over-the-counter medication, as specified on the youth's medical form, my child may need during events.

Early Return Home Policy: Should it be necessary for our (my) youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Transportation Permission: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by and approved ADULT chaperone while attending and participating in activities sponsored by St. Ann's Episcopal Church. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Health Insurance Information

Insurance Company _____ Policy Number _____

Insurance Company Phone Number _____

Medical Doctor _____ Phone number _____

Emergency Contacts

Names of persons and telephone numbers to call in case of emergency:

Name _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Primary Pickup Person _____ Relation _____

Alternate Pickup Person _____ Relation _____

A picture ID will be required for the alternate pickup person to pick up the minor.

Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Other Information

Other information leaders should know about the child or adult participant:

Media Permission:

_____ [Please initial to select] I am giving permission to use my child’s photo(s) and name(s) in captions as they relate to St. Ann’s print or online material.

We (I) the undersigned also, acknowledge that I have reviewed details regarding the events our (my) child is participating in.

Parent(s)/ Legal Guardian(s) Signature(s) _____ / _____

Date _____

Youth’s Agreement (ONLY for 6th ~ 12th Grades)

I agree to participate in the functions and activities of St. Ann’s Episcopal Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. If it becomes necessary for me to be sent home early from an event, this will be done at my parents’ expense. I understand that my continued participation in church activities depends on my support of this agreement.

Signature of youth _____ Date _____