



# ***Saint Stephen's Episcopal Church***

## **Permission Form for Middle and High School Students**

Throughout this document, "Church" refers specifically and only to St. Stephen's Episcopal Church, 3 Bayview Avenue, P.O. 97, Belvedere, CA 94920, (415) 435-4501. Permission granted in this form, and the liability waiver contained in it, covers any occasion on which Sunday School participants or Youth Group participants are on St. Stephen's property, or participate in or travel to a Church or Diocesan activity off church property (all of which situations are generally referred to below as "Church Activities.")

### **Participant Information**

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Number & Street City, State, Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Parent/Guardian Information**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Number & Street City, State, Zip

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Alternate Adult Contact**

Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Number & Street City, State, Zip

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Medical Insurance Information**

Insurance Company: \_\_\_\_\_

Policy and/or Group number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## **Participant Agreement**

**Regarding Substance Abuse.** I will not abuse prescription or non-prescription drugs or use tobacco, alcohol, or illegal drugs during Church Activities.

**Regarding Sexual/Physical Boundaries** I will not use inappropriate language or inappropriate sexual behavior while participating in Church Activities. I will stay with the group, remaining inside the boundaries defined by the adult leaders during Church Activities. If a Church Activity involves spending the night anywhere (church, paid lodging, or a group member's home) I will not enter the sleeping space designated for the opposite gender after evening curfew.

**Regarding Travel.** During Church Activities, I will obey any safety instructions given to me by the operator of any vehicle or conveyance or other supervising person, and observe all traffic and safety regulations, whether traveling under my own power or in another conveyance. Specifically, I will wear safety gear such as a seatbelt, life preserver, helmet, etc. appropriate for the activity and obey safety regulations such as crossing streets with the lights instead of jaywalking, etc.

**Regarding Consequences.** I understand that if I choose not to comply with any of the above agreements, my parents and my priest may be notified and I may be sent home.

**For Image/Sound Recording.** I consent to the use, by Church, of any photographs, or any visual or audio reproduction in which I may appear. I understand that these materials may be used for promotion of youth ministry of Church, including recruitment and fund-raising efforts. I will be identified by my first name only and pictures and recordings of me will not be sold to any other party for profit.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## **Parent/Guardian Agreement**

I agree with the application of the above rules to my child while engaged in Church Activities.

**Medical and Liability Release.** In the event medical intervention is needed, and the adults on the reverse side of this form cannot immediately be contacted, I hereby give my permission to a Church activity leader to select a physician or other medical provider to render medical care for my child. I also authorize and give my consent to such medical provider(s) to secure medical treatment, including hospitalization, injections, medication, anesthesia, x-ray, surgery, or other procedures for my child as such provider may deem appropriate. I understand that such treatment may proceed even if the listed adults or I cannot be reached.

I understand that there may be hazards and risks in Church Activities, which may vary based on the nature of the activity. I expressly assume the risk of property damage, bodily injury, or even death, arising from any Church Activity. I hereby release and hold harmless the Church, its officers, employees, agents, volunteer staff, and other participants in any Church Activity, from any and all liability, actions, claims, expenses, losses, harm from diseases, injuries, and/or damages of any kind and nature, arising out of my child's participation in any Church Activity. This waiver includes claims arising out of negligent conduct by any released person.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_