

**Youth Ministry Registration, Health information and  
Authorization Form  
St. Paul's Episcopal Church**

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Participant's cell \_\_\_\_\_

Participant's email \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade (2017-2018) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

Dietary needs/restrictions \_\_\_\_\_

The following is a list of medications that my child, \_\_\_\_\_, will need to take while attending *St. Paul's Urban Mission Trip* \_\_\_\_\_. (Please attach additional pages if needed). All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION	DOSE	WHEN TAKEN

The following medications will be available for your child to take with your permission. I, the parent-guardian of \_\_\_\_\_ give permission for my child to take:

Cough drops	Yes or No	Motrin	Yes or No
Mylanta	Yes or No	Tylenol	Yes or No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Information:**

**If parents live at different addresses, list both, and indicate which the primary residence is.**

**Name** \_\_\_\_\_

**Address(es)** \_\_\_\_\_

\_\_\_\_\_

**Home Phone(s)** \_\_\_\_\_

**Work Phone(s)** \_\_\_\_\_

**Cell Phones** \_\_\_\_\_

**Parent email** \_\_\_\_\_

**Person to notify in case Parent/Guardian cannot be reached:**

**Name** \_\_\_\_\_ **relationship** \_\_\_\_\_

**Home phone** \_\_\_\_\_ **other phone** \_\_\_\_\_

**Any limitations or difficulties your child may have with this activity or other information you wish us to know about your child:**

# Required Signatures and Parent/Guardian Authorization

## St. Paul's Youth Ministry Event Covenant

**These rules are non-negotiable and apply to youth and adult participants**

1. I will not bring, use, or be under the influence of illegal drugs or alcohol.
2. I will not smoke cigarettes.
3. I will respect the physical property of the facility and the property of each person at the event.
4. I will not engage in inappropriate sexual behavior, this includes: sexual misconduct, sexually explicit communication, or harassment.
5. I understand that acts of violence and aggression will not be tolerated.
6. I will not enter the sleeping area of the opposite sex during the event.
7. I will not be in possession of or use firearms, knives, fireworks, or other weapons or hazardous materials of any kind.
8. I agree to take care of myself by eating, showering, and sleeping appropriately. I will speak up if I am uncomfortable or if I need help.
9. I will remain on the premises and be present for all scheduled activities for the entire event.
10. I will try new and challenging things, and participate fully in all planned activities.

This covenant helps provide for the physical, emotional, and spiritual safety of the whole community and ***a violation of this covenant is damaging to the community.*** Violations will be dealt with in an immediate and appropriate manner by the leadership team and or St. Paul's Youth Ministry. Possible consequences for serious or repeated offenses may include (but are not limited to) notification of one's parents and clergy, and being sent home immediately at one's own expense and without refund.

**I have read and agree to the above rules and will follow them during the event.**

**Participant's Signature** \_\_\_\_\_

### **Parental Consent:**

**I give full permission for my child to attend St. Paul's Urban Mission Weekend in Chicago and housed at the DOOR Network's Chicago site, on the date(s) of January 12-14, 2018.**

### **Medical Release:**

**I give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical care as needed.**

### **Waiver of Liability:**

**I agree that I am responsible for the conduct of my child and will indemnify and hold St. Paul's Episcopal Church, the Diocese of Indianapolis, and any associated agencies, staff, volunteers, and persons harmless for, and hereby release and waive any claims arising out of any alleged accident, injury, disability, or damages to the person or property of the aforementioned child resulting from, related or connected to his/her attendance or participation in any this activity or any occurrence related to this activity.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_