

# St. Paul's Episcopal Church Youth Ministry Registration/Release Form

Adapted from the Episcopal Diocese of Oregon Youth Ministry Registration/Release Form

## M&M Camp 2019

July 7th-July 9th

Eugene, Oregon

Name of Participant: \_\_\_\_\_

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

Phone (Home & Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

T-shirt size: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Parent/Guardian Cell Phone(s): \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

- Medical Release: As the parent or legal guardian of the minor named above, I understand that, in the event that emergency medical intervention is required for my child, every attempt will be made to contact me or the alternate contact provided. In the event that I or the alternate contact cannot be reached in an emergency during the course of this event, I hereby give permission to the physician selected by the event leaders to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.
- Liability Waiver: I understand that all reasonable safety precautions will be taken at all times by the Diocese of Oregon and its agents during this event. I understand the possibility of unforeseen hazards and know of the inherent possibility of risk. I agree not to hold the Diocese of Oregon, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by my minor child, as named herein. I have carefully considered the risk involved and given my child permission to attend this event.
- Photo Release: I consent to the use, by the Diocese of Oregon, of any photographs or visual or audio recording in which my minor child may appear. I understand that these materials may be used for promotion of this event or of the youth ministry of the Diocese of Oregon, including recruitment and fundraising efforts. I understand that pictures and/or recordings of my minor child will not be given or sold to any third party.

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Name of parent/guardian

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Signature of parent/guardian

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Date

**St. Paul's Episcopal Church Youth Ministry Medical Information Form**  
**M&M Camp 2019**

July 7th-July 9th  
Eugene, Oregon

Name of Participant: \_\_\_\_\_

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

Phone (Home & Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My child has the following medical conditions, allergies, food restrictions, learning challenges: \_\_\_\_\_

  

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My child takes the following prescriptions or over-the-counter medications: \_\_\_\_\_

  

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My child is NOT to take the following medications (i.e. Tylenol, Ibuprofen, etc.): \_\_\_\_\_

  

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Medical Insurance Carrier: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Policy & ID Numbers: \_\_\_\_\_

  
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In the event I cannot be reached in an emergency, please contact:

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian and Date: \_\_\_\_\_

# St. Paul's Episcopal Church (Episcopal Diocese of Oregon)

M&M Camp 2019

## Community Covenant for Participants and Parents

### Participant Covenant

- I will be an active participant at this St. Paul's Youth event and will respect the dignity of the other participants and all human beings!
- I understand that bullying of any type or degree will not be tolerated. Participants participating in bullying will be sent home immediately.
- I will stay with the group at all times and respect the property of St. Paul's Episcopal Church and Church of the Resurrection, Eugene, as well as anywhere we go off-site.
- I know that the possession and/or use of any tobacco product, alcohol, illegal drugs and/ or any medication not prescribed to me as well as any fireworks, firearms or any other type of weapon will result in me being sent home immediately.
- I understand that engagement in sexual activities is contrary to the focus and norms of the weekend and our collective time together.
- I know that there is a "rule of 3" norm about how many people (adults/ youth) are together and agree to enforce it while I am at the event.
- I will respect the property of others as if it were my own: I will not steal, borrow, or use anything that does not belong to me. I know that if I am in possession of any property that does not belong to me, I will be sent home immediately.

*I make this covenant with my brothers and sisters in Christ and. I agree to abide by the above guidelines and consequences.*

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

### PARENTAL COVENANT SUPPORT

- I, as parent or legal guardian of the above youth, give permission for him/her to attend the M&MCamp2019. I have read the above Community Covenant and understand that I will be contacted to arrange their transportation home if my son/daughter violates this Covenant.
- In the event of accident or illness, I grant Amy Goerger, Youth Leader at St. Paul's Episcopal Church, or an adult leader designated by her, permission to obtain appropriate medical care for my child. I will be responsible for any expenses incurred in the process of obtaining that care.

*I agree to support the above covenant and consequences.*

### PHOTOGRAPHY PERMISSION:

In the course of diocesan youth events, pictures may be taken by diocesan staff or committee members. The Episcopal Diocese of Oregon/St. Paul's Episcopal Church has the right and permission to publish copyright and use pictures of those attending diocesan events. If you are unwilling for your son/daughter's photo or voice to be used for promotion of diocesan events, please let Amy Goerger know prior to the event.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

# SPY M&M Camp 2019

## Communication and Food Survey

(Updated 6-4-19)

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you text       Yes     No

Do you email       Yes     No

Facebook       Yes     No  
Username \_\_\_\_\_

Instagram       Yes     No  
Username \_\_\_\_\_

Food Allergies \_\_\_\_\_

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Vegetarian     Vegan     Gluten Free     Dairy Free     other \_\_\_\_\_

For breakfast I like to eat \_\_\_\_\_

For breakfast I like to drink \_\_\_\_\_

My favorite sandwich is \_\_\_\_\_

My favorite dinner main dish is \_\_\_\_\_

My favorite dinner side dish is \_\_\_\_\_

For dinner I usually drink \_\_\_\_\_

My favorite snack food is \_\_\_\_\_

I am a     morning person     night person     both

I need \_\_\_\_\_ hours of sleep each night.

I am an     extrovert     introvert     not sure

One thing I am hoping to gain on this trip is

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