

**Youth Ministry Registration Information
& Medical Release for Events 2020-2021
The Falls Church Episcopal**

**This serves as registration for Youth Ministry Programs, Sunday morning Youth forums and is the release for all Youth group activities!*

Youth Name _____

Address _____
Street City State Zip Code

Youth Home phone _____ Youth Cell Phone _____

Youth E-mail _____

Birthdate _____ Grade _____

School _____ Graduation Year _____

What hobbies, jobs, and interests does your youth have? Do they play sports, or participate in clubs, or sing in the choir or play in the band?

Parent/Guardian Information

Parent 1 Name _____

Parent 2 Name _____

Address _____

Address _____

Parent 1 Home phone _____

Parent 2 Home Phone _____

Parent 1 Work phone _____

Parent 2 Work phone _____

Parent 1 Cell phone _____

Parent 2 Cell phone _____

Parent 1 e-mail _____

Parent 2 email _____

*****Please make sure the parent information is completed so we may be in contact with you, and so we have emergency contact information in case of emergency! Thank you!***

Person to notify IN CASE Parent/Guardian CANNOT BE REACHED!

Name _____

Relationship _____

Home phone _____

Cell or work phone _____

TFCE Youth Event Covenant

These Rules apply to youth and adult participants and staff.

1. I will not engage in inappropriate sexual behavior, this includes: sexual misconduct, sexually explicit communication, or harassment.
2. I will not use, bring, or be under the influence of illegal drugs, or alcohol.
3. I will not smoke cigarettes.
4. I will respect others, myself, and God, as well as the facility, and property of others.
5. I understand that acts of violence and aggression will not be tolerated.
6. At overnight events: I will not enter sleeping areas of the opposite sex during the event.
7. I will not be in the possession of or use firearms, knives (including pocketknives), fireworks, or other weapons of any kind.
8. I will remain on the premises and be present for all scheduled activities for the entire event, unless cleared ahead of time.
9. I will try new and daring things, and participate fully in all planned events.
10. I will have FUN!

I have read and agree to follow the rules and norms for all events, activities, and trips.

Youth Participant's signature _____

Health Insurance Information

Health Insurance company _____ Policy # _____

Insured's name _____

Relationship to Insured _____

Allergies/medical conditions _____

Dietary needs/restrictions _____

***If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

The following is a list of medications that my child, _____, will need to take while attending _____. (Please attach a list if additional room is 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

NAME OF MEDICATION	DOSE	WHEN TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following medication will be available for your child to take with your permission, on Youth group trips. I, the parent/guardian of _____ give permission for my child to take:

Cough Drops Yes _____ No _____ Advil Yes _____ No _____
Mylanta Yes _____ No _____ Tylenol Yes _____ No _____

Please check yes or no for each of the listed medications.

Parent/Guardian Signature _____ **Date** _____

Required Signatures & Parent/Guardian Authorization/Release

PARENTAL CONSENT:

I give full permission for my child to attend all Falls Church Episcopal youth events including but not limited to: Youth Group meetings, Youth group trips, Retreats, Lock-ins, Confirmation trips, Mission Trips, Field trips, Amusement Park trips, Shrine Mont PYM and parish events, Laser Tag, and any other event named here:

PHOTO/MEDIA RELEASE:

I give my permission for photographs or video footage of my child to be used by The Falls Church Episcopal for promotional purposes. (Brochures, Newsletters, Website photos, Online photo albums of events, and Social media, etc.) (No names are to be used)

Initial Here: _____

MEDICAL RELEASE:

I also 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 medical care as needed.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific 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. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization, and

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to youth activities in conjunction with any above mentioned events, away from our meeting site, in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event. Drivers will be approved by The Falls Church Episcopal.

WAIVER OF LIABILITY:

I agree to hold The Falls Church Episcopal, the Diocese of Virginia, and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or

property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ **date** _____