

**Youth Ministry Registration Information  
& Medical Release for Events 2025-2026  
The Falls Church Episcopal**

*This form registers your youth for all Youth Ministry programs and serves as the release for Youth Group activities. Please return to Rev'd Julius Rodriguez in person or by email (jrodriguez@thefallschurch.org)*

**Youth Information**

Youth Name \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Youth Home Phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

Youth Email \_\_\_\_\_

If the youth has any special dietary needs and/or restrictions, please do let us know. We will try to accommodate all requests:

What hobbies, jobs, and interests does your youth have? (i.e. sports, clubs, choir, band, etc)

**Parent/Guardian Information**

*Please be sure to complete the parent information section so we can stay in touch with you and have the necessary details in case of an emergency. Thank you!*

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

**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 myself, others, 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 pocket knives), 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 \_\_\_\_\_

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

*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** \_\_\_\_\_