

Youth Programs at St. Matt's

Release & Registration Form

YOUTH PARTICIPANT INFORMATION: NAME _____	
BIRTH DATE _____	AGE _____ SEX _____ SCHOOL _____ GRADE _____
YOUTH EMAIL _____	YOUTH CELL (____) _____
ADDRESS _____	HOME PHONE(____) _____
CITY _____	STATE _____ ZIP _____

PRIMARY CONTACT (Parent/Guardian 1): NAME _____	NAME _____
HOME PHONE(____) _____	WORK PHONE(____) _____
CELL PHONE (____) _____	EMAIL _____

SECONDARY CONTACT (Parent/Guardian 2): NAME _____	NAME _____
HOME PHONE(____) _____	WORK PHONE(____) _____
CELL PHONE (____) _____	EMAIL _____

EMERGENCY CONTACT <i>IF NEITHER PARENT/GUARDIAN CAN BE REACHED IN THE EVENT OF AN EMERGENCY, CONTACT:</i>	
NAME _____	RELATIONSHIP _____
PHONE 1(____) _____	PHONE 2(____) _____

DOCTOR _____ PHONE(____) _____

Do you have health insurance? ___ Yes ___ No

Name: _____ Phone Number _____

Policy Number: _____ Address: _____

HEALTH HISTORY (This information is confidential, and only shared with adult leaders in the situation)

Allergies: ___ Insect Stings ___ Drugs ___ Other Allergies
Other Conditions: ___ Heart Condition ___ Frequent Colds ___ Chronic Asthma
___ Physical Handicap ___ Diabetes ___ Epilepsy
___ Frequent Upset Stomach ___ ADD/ADHD ___ Other

If you checked any of the above, please give details that will help us care for participant (e.g., normal treatment of allergic reactions):

Name and Dosage of any medications that must be taken on a regular basis:

Any swimming restrictions: ___ Yes ___ No Any activity restrictions: ___ Yes ___ No

If so, what restriction(s)? _____

Date of last Tetanus Shot: _____

(OVER) → → →

Add me to the email list for: <input type="checkbox"/> Youth Group <input type="checkbox"/> Fellowship Groups <input type="checkbox"/> Sunday School <input type="checkbox"/> Bible Study <input type="checkbox"/> Worship Teams <input type="checkbox"/> Other:
--

COMMUNITY COVENANT

“As a participant in St. Matthew’s Youth Programs, I understand that we are trying to create a safe and healthy ministry environment and that all participants are expected to help create a community that honors Christ with their words, actions, and attitudes.

“As a Youth, by signing this form, I agree to help create a community that honors Christ by abstaining from the use or possession of alcohol, tobacco, weapons or firearms, explosives and illegal substances. I also agree to abstain from sexual behavior, lewd or foul language, fighting, immodest or offensive clothing, failure to comply with directions or rules, and behavior that may be detrimental to the group, including in the social networking and online community.

TRANSPORT HOME AGREEMENT

“I further understand by signing this form, that any violation of the above statements could result in my removal from the group or online community or in being sent home at my parents’ arrangement and expense if the youth minister deems necessary. I understand that not signing this form also indicates that I am no longer interested in participating in the trips and events sponsored by St. Matthew’s, and when this pertains to a youth group trip, my spot will be surrendered and given to someone else on the waiting list.”

“As a parent, by signing this form, I understand the obligations to which my son or daughter has agreed. I also understand that, if it is deemed necessary because of my son or daughter’s behavior, I will be responsible for arranging and financing their trip home.”

ACTIVITIES

Activities may include, but are not limited to: Mission trips abroad, cookouts, boating, water skiing, swimming, tubing, paintball, use of aero-soft guns, basketball, roller-skating, roller-blading, games in the park, soccer, wiffle ball, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, riding roller-coasters, concerts, movies, baking, gatherings at private residences, gatherings in public places (e.g. restaurants, shopping centers), Bible studies, golfing, miniature golf, hayrides, bonfires, go-carts, laser tag, fishing, foot-racing, water games, other games involving running, jumping, sliding, food or other messy substances, throwing and/or moving/airborne objects, etc., and being driven by approved adult leaders. NOTE: If you desire to limit your child’s participation in any event, please submit your wishes in writing to the youth minister prior to that event.

Every activity sponsored by St. Matthew’s Episcopal Church is carefully planned and adequately supervised by approved mature adults. However, even with the best of planning and precaution, unforeseen events can occur.

PERMISSION

“By signing this form, I (Parent or Guardian) hereby give my permission for my son/daughter to attend and participate in youth activities and events sponsored by St. Matthew’s Episcopal Church; furthermore, I give my permission for my child to be driven by and to be in the care of staff, personnel and volunteers approved to work with youth at St. Matthew’s Episcopal Church.”

LIABILITY RELEASE

“I understand and acknowledge that participation in the youth activities and events involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. By signing this form, I (Parent or Guardian) agree to assume and accept all risks and hazards inherent in this church-related activity. I also agree not to hold St. Matthew’s Episcopal Church or its employees or volunteer assistants liable for damages, loses, or injuries to my child’s person or property. I accept responsibility for medical charges in the case of illness or injury occurring while my child is enroute to, attending, and returning from St. Matthew’s Episcopal Church and its youth events.”

MEDICAL RELEASE

“In the event that I cannot be reached in an emergency during the dates specified on this form, I (Parent or Guardian) hereby give my permission to the physician or dentist selected by St. Matthew’s Episcopal Church leadership to diagnose, hospitalize, to secure proper treatment, and/or to order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. I also grant permission for non-prescriptive medication (e.g. tylenol, throat lozenges, cough syrup, pepto-bismol, etc.), as well as medication prescribed for my son/daughter by a doctor, and routine nonsurgical medical care to be given to my son/daughter if deemed advisable by the supervising church personnel.”

MEDIA RELEASE

“I hereby give my consent to all photographs, audiorecordings, academic work, and/or videorecordings taken of me or my minor child by St. Matthew’s Episcopal Church staff or their designee. I understand that any such photographs, audiorecordings, academic work, and/or videorecordings become the property of St. Matthew’s Episcopal Church and may be used by the parish, diocese, or others with their consent, for educational, instructional, or promotional purposes determined by the Youth Minister and/or other leaders in the Youth Ministry in broadcast and media formats now existing or created in the future, including print and audiovisual presentations.”

COMMUNICATION RELEASE

“I understand that in order to maintain healthy communication among youth participants and with youth workers, the youth programs do not allow the use of cell phones during ministry youth activities except in an emergency, to contact a parent or guardian, or to place calls specifically approved by a leader, that when communicating with each other, youth and youth workers are not allowed to make comments or share images that are sexually suggestive, disrespectful or insensitive, that harassment and bullying are strictly prohibited, that I and my youth must obtain permission from the youth minister before posting online images or personal information about other youth or youth activities, that the youth ministry will not share info on minors except to other youth members, youth parents and/or church leadership as needed. I give my permission for my youth to receive electronic communications about youth activities, including emails, texts, and Facebook messages.”

I have read, understand and agree to the Community Covenant, Transport Home Agreement, Permission Form, Medical Release, Liability Release, Media Release and Communication Release.

Parent(s)’ or Guardian(s)’ Signature(s) _____

Date _____

YOUTH Signature _____

Date _____