

YOUTH EVENT REGISTRATION 2013-2014

CHRIST EPISCOPAL CHURCH

This form will remain on file throughout the year and is inclusive of all events sponsored by Christ Episcopal Church.

Please Print.

Participant's Full Name _____

Street Address _____ City, St _____

Grade: _____ Birth Date: _____

E-Mail: _____ Cell: _____

Participant Agreement

Throughout any event, I agree:

- 1) Not to bring or use tobacco, alcohol or any illegal drugs.
- 2) Not to participate in any inappropriate sexual or violent behavior.
- 3) To be respectful of the property needs and integrity of others.
- 4) To have fun!

Participant Signature: _____

Parent/Guardian Name: _____

Best Phone(s) for Contact (in event of emergency): _____

MEDICAL INFORMATION

Allergies: _____ Medications: _____

Please list any physical or behavioral conditions which may affect or limit participation in any youth event on the back of this form.

Family Physician: _____ Telephone: _____

I hereby authorize emergency medical care or first-aid treatment as needed for _____ in the event of illness or injury during this sponsored activity of Christ Episcopal Church. I also understand any prescribed medications will be self administered. **Parent initials:** _____

CONSENT AND RELEASE FORM LIABILITY

_____ has my permission to participate in and travel with activities of the Christ Episcopal Church. I understand this event will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Christ Episcopal Church, the sponsors, the owners and/or drivers of the car or bus furnishing transportation to the event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge.

Date: _____ Signature of Parent/Guardian: _____