

St. Andrew's Episcopal Church
6401 Wornall Terrace Kansas City, Missouri 64113
Youth Group/Event REGISTRATION/PERMISSION and Medical Release Forms
September 1st, 2020 through September 1st, 2021

Youth Name: _____ **Youth Cell Number:** _____

- The above-named person has my permission to attend and participate in activities/events sponsored by St. Andrew's Episcopal Church.
- My child will be supervised by adult sponsors of these activities, and reasonable care and precautions can always be expected.
- *I represent and agree as follows:*
 - that my child is healthy and fully capable of participating in said youth group & youth events without causing major risk or danger, illness, or accident to him or her or to others.
 - *I acknowledge* that I have read the information pertaining to youth group & youth events especially the Community Covenant below and have discussed it with my child.
 - I agree that should my child break the rules of the Community Covenant, I will be responsible for removing my child from youth group & youth events.
 - I understand that photographs and video footage taken of my child because of participation in these programs may be used in St. Andrew's Youth Ministries materials, publications, and/or posted to the internet. By signature below, I waive any right that I may have to inspect or to approve the materials that St. Andrew's Youth Ministries may choose to publish.
 - We (I) do hereby grant permission of St. Andrew's Youth Ministry staff and/ or St. Andrew's Youth Ministry representatives to communicate (digitally, written, verbal, or in-person) with me or my student in compliance COPPA law. I understand that I do have the option to opt-out of all or some St. Andrew's Youth Ministry communications if we (I) so wish.
 - We (I) do hereby grant permission of St. Andrew's Youth Ministry staff or representative to take said participant to a physician or hospital, and hereby authorize medical treatment including but not in limitation to any x-ray examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care. The Undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical services rendered to our (my) participant pursuant to this authorization.
 - I acknowledge that St. Andrew's Youth Ministry has provided their plans to take reasonable precautions to mitigate the risks associated with any infectious disease by following CDC and local authority guidelines. I understand that such risks cannot be eliminated entirely, as an infectious disease may spread through multiple pathways. I also understand that although reasonable precautions are taken, my child may still contract an illness. I also understand the health risks associated with an infectious disease including potential exposure to others including family members.
 - I expressly agree to accept and assume all risks associated with infectious diseases related to my child's participation in St. Andrew's Youth Ministry. I have elected to allow my child to participate in the Program despite the risks of contracting an infectious disease. I recognize that this decision is purely voluntary and that I have the right to discontinue my child's participation in the St. Andrew's Youth Ministry at any time.
 - I understand that St. Andrew's Youth Ministry may modify and/or cancel St. Andrew's Youth Ministry programming as a result of infectious disease issues or may be directed to modify and/or cancel programming by government authorities.
 - I understand that St. Andrew's Youth Ministry reserves the right to segregate, remove, quarantine, and/or dismiss my child for infectious disease reasons and take all reasonable steps to maintain and protect the health and welfare of my child and other students, staff, and volunteers.
 - I acknowledge that I may elect to receive and St. Andrew's Youth Ministry will provide a deposit refund should I cancel my child's participation in St. Andrew's Youth Ministry programming for reasons related to an infectious disease prior to the start date of any St. Andrew's Youth Ministry trip or event for which he/she is registered. I will remain solely responsible for my other costs incurred in connection with my child's participation in St. Andrew's Youth Ministry programming, including transportation, lodging and incidental costs, even in the event that St. Andrew's Youth Ministry is required to or deems it necessary to cancel or modify programming.

Community Covenant:

Youth Group and youth events are designed to build my relationship with God and each other through God. I recognize that by choosing to attend youth group & youth events, I am choosing to follow all ground rules of the Community Covenant either stated here or youth group & youth events. While at youth group & youth events, I will try to the best of my ability to follow Jesus’ command to love my neighbor as myself.

When at youth group & youth events I will:

- Respect the other participants and their property
- Respect whoever is speaking, Respect the adult leaders, student leadership team and staff.
- Respect the people that I will be encountering and Respect myself
- Agree to remain with the group during activities.
- Agree to not commit acts of theft or violence.
- Always behave in a manner that is conducive to loving and building others up.
- During this youth group & youth events, I will be participating in activities that will lead to fellowship in the Body of Christ.
- I agree not to use or possess any tobacco, alcohol, illegal drugs, or weapons while at youth group & youth events
- I accept that sexual activity is always prohibited.
- I realize that my choosing to break any of these ground rules or ones stated at the event will result in:
 - consequences that potentially consists of my parents being notified
 - and if significant enough, being sent home at the expense of my parents.
- I understand Covenant rules are non-negotiable.

Transportation:

_____ I give my child permission to drive to and from St. Andrew’s Youth Group Activities.

_____ I give my child permission to drive other youth to and from St. Andrew’s Youth Group.

_____ I give my child permission to be driven by a youth group member to and from youth group activities.

Signature of Youth Participant

Date Signed

Signature of Parent or Legal Guardian

Date Signed

EMERGENCY CONTACT INFORMATION

Emergency Contact #1: _____ Phone Number: _____

Relationship to Participant: _____

Emergency Contact #2: _____ Phone Number: _____

Relationship to Participant: _____

MEDICAL AID CONSENT FORM AND WAIVER

In the event my/our child becomes ill or is injured, I/we hereby give my/our consent to the bearer of this form to present it to competent medical, paramedical, hospital, or hospital emergency room personnel. I/we also give consent that my/our child receive such medical care and/or treatment as the bearer of this form and the above-named healthcare personnel may find necessary as a result of any illness, accident or medical emergency. If after such treatment (if required) is administered, it is the opinion of any of the aforementioned healthcare personnel that said child does not require hospitalization, he/she may be released to the bearer of this form.

In consideration of allowing my/our child to attend and participate in the all youth related events, I/we on behalf of myself/ourselves and on behalf of said child do hereby release and discharge The Episcopal Diocese, of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and related events, of any and all known or unknown damages, injuries, losses, judgments and/or claims from any cause whatsoever that may arise in connection with my/our child's participation in said volunteer program. I do also agree to allow for the transportation of my child by church staff or members both to and from the church premises. Further, I/we do hereby agree to indemnify and hold forever harmless The Episcopal Diocese of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and related events against any loss, expense or judgment said church or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said volunteer program.

Signature of Parent or Legal Guardian

Date Signed

Parent(s): _____

Cell Phone: _____

Home Address: _____

Is the Participant taking any medication on a regular and ongoing basis? (If yes, please list with dosage and times to be taken.)

Medications:	Dosage:	Time to be taken:

Last tetanus immunization: _____

Prescription medication will be locked, and only an authorized adult will dispense medications.

SPECIAL MEDICAL CONCERNS that might limit participation, or be important in a medical emergency?

Any allergies or food restrictions:

PRIMARY CARE PHYSICIAN:

Name: _____ Phone: _____

Address: _____

HEALTH INSURANCE:

Medical Insurance Company: _____ Policy No.: _____

Date: _____ Parent(s) Signature: _____