



CHRIST CHURCH YOUTH REGISTRATION FORM

Fall 2015 – Winter & Spring 2016

Participant Information:

Name: _____ Date of Birth: _____

Gender: _____ Cell Phone: _____

Email: _____ Parish/Church: _____

Parent/Guardian Information

Name: _____ Cell Phone: _____

Home Phone: _____ Email Address: _____

Street Address: _____ City: _____ Zip: _____

THE YOUTH MEDIA AND PHOTO RELEASE AGREEMENT

The undersigned participant does agree to grant Christ Church, Exeter permission to record on film, video tape or audio tape his or her participation at the youth event. He or she further agrees that any or all of the material recorded may be used in any form, as part of any future production(s) made by Christ Church and that such use shall be without payment of fees, royalties, special credit or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

Agreement: Yes _____ No _____

TRANSPORTATION RELEASE AGREEMENT

I grant the undersigned participant permission to be transported by drivers in compliance with Safe Church Policy in the Episcopal Diocese of New Hampshire to or from programs related to Christ Church, Exeter.

The undersigned parent agrees to identify and hold harmless Christ Church, Exeter and the Episcopal Diocese of New Hampshire or any of its Advisors from any claim for damages resulting to my child, unless said injuries were proven to be the result of the negligence of Christ Church, Exeter, the Episcopal Diocese of New Hampshire or its Advisors or agents.

Furthermore, I agree to allow my child to receive medical treatment that might result from injuries received, providing such treatment is advised by a licensed physician. I accept full responsibility for all cost of such emergency treatment.

Agreement: Yes _____ No _____

CHRIST CHURCH EYC COVENANT

Agreement: Yes _____ No _____

EYC PARTICIPATION GUIDELINES

Furthermore, throughout the event, I agree:

1. To inform the Assistant for Ministry Development or the Adult in charge of any prescription drugs use
2. To respect the needs and property of others; and not to participate in any inappropriate sexual or violent behavior
3. To participate in all scheduled activities including community chores, and not to leave the grounds without the permission of an adult advisor
4. Not to bring or use illegally controlled substances, including drugs and alcoholic beverages
5. Not to possess or use tobacco or any tobacco product, including cigarettes
6. Not to possess or use any weapons, or tools that could be used as weapons
7. To try to have fun!
8. I understand that my parent/guardian will be notified and I will automatically be sent home at my own expense if I violate the above guidelines

I understand that the above EYC Covenants and Participation Guidelines are designed to make the youth event the best and safest event possible for everyone and that if I violate any of these agreements the leadership team, including the Assistant for Ministry Development and Coordination, will have the authority to determine appropriate consequences.

Agreement: Yes _____ No _____

I have read the above and agree to live by these standards throughout the youth event and furthermore agree to the Youth Media and Photo Release and Transportation Release Form.

Participant's Signature, Date

Parent/Guardian's Signature, Date

CHRIST CHURCH MEDICAL RELEASE FORM

_____ (Full name of minor) has my permission to attend the youth event with Christ Church, Exeter. I understand that the event will be under the supervision and direction of adult leaders and sponsors approved by the Episcopal Diocese of New Hampshire. I waive any claim against the Diocese of New Hampshire and Christ Church, Exeter and its approved leaders or sponsors. In case of medical emergency, I understand every reasonable effort will be made to contact me. If I/we cannot be reached, I/we the parent(s) or legal guardian(s) of _____, a minor, hereby authorize and consent to the physician selected by the approved leader, sponsor or chaperone to hospitalize and select proper treatment including but not limited to injection, anesthesia or surgery for my child.

Date _____ Signature _____ Relationship _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Insurance Company: _____ Phone: _____

Name of Policyholder: _____ Policy #: _____

Please attach a copy of participant's medical card, if available

Drug or food allergies: _____

Treatment for the above allergies: _____

Medications with dosage and frequency: _____

Special Needs (including dietary): _____

Emergency Contact Information

If I cannot be reached, contact: _____

Phone: _____ Relationship: _____

Second emergency contact: _____

Phone: _____ Relationship: _____