

Name of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

## ST. MARY'S IN-THE-HILLS EPISCOPAL CHURCH

### YOUTH PROGRAM PERMISSION FORM AND EMERGENCY INFORMATION

Please print clearly and return to program adult leader.

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Church: \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Parent or Guardian: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Chronic Conditions (e.g.: allergies, epilepsy, diabetes): \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

### RELEASE AND INDEMNIFICATION AGREEMENT

- A. As the above-named participant, I hereby register to attend (the "activity"). I further agree to the terms of the Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity, and to be driven to and from the activity (if necessary) by adult leaders assisting with this event.
- C. The undersigned release from all liability, and indemnify and hold harmless **St. Mary's-in-the-Hills Episcopal Church** and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in this activity.