

Subject: **CHILD PARTICIPATION REGISTRATION**

POLICY

All Children (Age 3 thru Grade 5) are required to have a "Permission and Release Form" (see Attachment 1) fully filled out, signed by the child's parent or legal guardian and submitted to the Director on Children Education at Holy Cross. This release will be prepared and submitted at the beginning of each school year.

Separate "Permission and Release Forms" may be required for specific off-site activities or events. If the child will travel out of South Carolina during this activity or event, the parent's signature must be notarized.

PROCEDURE

The Director of Children Education is to ensure that a "Permission and Release Form" is received from each child participating in Holy Cross's Children's activities.

It is the responsibility of the Director of Children Education to ensure that all Permission and Release Forms are securely maintained in a confidential file.

At the beginning of the new school year, all previous Permission and Release Forms will be destroyed in a secure manner (i.e. shredded).

Holy Cross Episcopal Church PERMISSION & RELEASE FORM - Children

Full Name: _____ Nickname: _____
 Gender: _____ School Grade: _____ Email: _____
 School: _____ Birth date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Parent/Guardian Email: _____ Parent/Guardian Cell _____
 Parent/Guardian Name(s): _____

Parent/Guardian Release

_____ (full name of participant), has my permission to participate in all youth events and activities sponsored by Holy Cross. I understand that all reasonable safeguards will be taken but that Holy Cross Episcopal Church and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I the parent or legal guardian of _____, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Date: _____ Signature: _____
 Date of last tetanus shot: _____
 Family Physician: _____ Phone: (____) - _____
 Family Dentist: _____ Phone: (____) - _____
 Insurance Company: _____ Phone: (____) - _____
 Name of policy holder: _____ Phone: (____) - _____
 Policy Number _____
 Any food or drug allergies: _____
 Special Needs: _____
 Medical Diagnoses or Medication: _____

If I cannot be reached, please contact: _____
 Phone: (____) - _____ Relationship: _____

Please include a copy of your insurance card

Please have this form notarized if for an out of state activity or event.

Signature of notary Public _____ My commission expires _____
 Dated _____ Seal of Notary _____

**Community Covenant
Holy Cross Episcopal Church**

Non-Negotiables

1. I will respect the property, needs and integrity of others; personally, sexually and racially; and agree not to participate in any inappropriate sexual or violent behavior.
2. I will not bring or use firearms, explosives, knives or fireworks.
3. I will not misuse or willfully damage the property of others of the facility or grounds of the host site.

Expectations

1. I will be present for the entire event and participate fully in all scheduled activities including community chores.
2. I will not leave the host site or prescribed boundaries without the permission of an adult advisor.
3. I will respect and abide by the schedule and expectations of the design team regarding equipment use.
4. I will not use electronic equipment during this event, including cell phones, pagers or personal stereos, etc. as it is disruptive to the community.
5. I will bring an openness to grow in faith, meet new people and have fun.

I understand that the above agreements are designed to make this the best and safest event possible. I promise to adhere to these non-negotiable regulations and expectations while I am a participant at this event. I understand that if I choose to break the non-negotiables at any time during the event I will be removed from the community, my parents will be called and I will be sent home at my own expense. If I choose to break expectations of the event the leaders will determine appropriate consequences.

I release Holy Cross to record my/my child's likeness via still photo, video or audio recordings for use as promotional material for the congregation. I understand that these recordings may be edited at the discretion of the congregation and that they may be published in promotional videos, brochures, brochures, congregational newspapers and congregational websites. I hereby waive all rights to compensation for the use of these recordings.

Participants Signature _____ Date_____

Parent/Guardian Signature _____ Date_____