

Subject: **YOUTH PARTICIPATION REGISTRATION**

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## **POLICY**

All Youth (Grades 6 thru 12) 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 Youth 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 Youth 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 Youth 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: REGISTRATION FORM FOR YOUTH

Full Name: \_\_\_\_\_ Gender: \_\_\_\_ School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ School Name: \_\_\_\_\_

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

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

Home Phone: (    )                      Youth Cell Phone: (    )                      Facebook: yes or no

Youth Email: \_\_\_\_\_ Parent/Guardian's Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian's Cell Phone: (    ) -                      (    ) -

Parent/Guardian Release: \_\_\_\_\_ (full name of participant), has my permission to attend the youth activities at Holy Cross. I understand that all reasonable safeguards will be taken but that the Holy Cross 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: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Birthdate of Participant: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (    ) -

Family Dentist: \_\_\_\_\_ Phone: (    ) -

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Ins. Co. Phone: (    ) -

Any food or drug allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medical Diagnoses or Medication: \_\_\_\_\_

Do adult leaders have permission to dispense over the counter medication if needed? Yes or no

Except \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (    ) -

Please attach a photo copy of your insurance card.

## Youth Ministry Community Covenant- Holy Cross Episcopal Church

### **Non-Negotiables**

1. I will not bring or use alcohol, illegal drugs or tobacco products of any kind.
2. 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.
3. I will not bring or use firearms, explosives, knives or fireworks.
4. I will not misuse or willfully damage the property of others or 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 curfew, quiet times, sleeping areas and equipment use.
4. Once arriving at the event my vehicle will be locked and parked in a designated area for the entirety of the event.
5. I will only use electronic devices during free time and when it is not disruptive to the community, this includes cell phones and personal stereos, etc.
6. 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 adult youth leaders will determine appropriate consequences.

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

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature Date \_\_\_\_\_ Date: \_\_\_\_\_