



### YOUTH ACTIVITIES HEALTH & LIABILITY INFORMATION FORM

Participant First Name: \_\_\_\_\_ Participant Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (month/day/year): \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mom First Name: \_\_\_\_\_ Mom Last Name: \_\_\_\_\_

Mom Work Phone: \_\_\_\_\_ Mom Cell Phone: \_\_\_\_\_ Mom Email: \_\_\_\_\_

Dad First Name: \_\_\_\_\_ Dad Last Name: \_\_\_\_\_

Dad Work Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_ Dad Email: \_\_\_\_\_

**I. LIABILITY RELEASE** – In consideration for the opportunity to participate in church-related activities (which may include, without limitation, any trips, events, indoor and outdoor games or other activities), for the period of one (1) year from the date hereof, the undersigned Adult Participant, Parent or Legal Guardian does, for ourself or on behalf of the Minor participant designated below: (a) hereby release, forever discharge and hold harmless Saint Mark's Episcopal Church of Venice, Florida, its vestry, clergy, employees, agents and authorized representatives (collectively, the "Church"), from and against any and all liability, claims and demands for personal injury, sickness and/or death, as well as any property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned or any of them while participating in any Activities;

(b) authorize the Church to furnish any transportation, food and/or lodging deemed reasonably necessary or advisable by the Church to allow the undersigned or any of them to participate in said event(s), and that the undersigned Adult shall pay to the Church all costs incurred by the Church and charged to Adult therefore, including any costs incurred by the Church or by any of the undersigned in the event the Church requires any of the undersigned to return home for any reason, including but not limited to medical or disciplinary reasons;

(c) adhere to, and cause the minor participant to adhere to, the following rules of conduct, and, by their signatures below, each of the undersigned does hereby represent that each has read/been apprised of said rules, and shall abide by same:

- a. Remain with the group, and reasonably endeavor to participate in all activities, for the duration of the Activities;
- b. Not to bring or use tobacco products, alcohol, illegal drugs, weapons, fireworks, pornographic materials or explosives;
- c. Not to engage in sexual misconduct, honor all curfew arrangements, and respect all other participants and accompanying leaders;

(d) hereby hold harmless and indemnify the Church for any damages and/or liability sustained by the Church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**II. MEDICAL AND HEALTH INFORMATION** The undersigned Adult hereby represents that the following information for the party indicated below is true and accurate to his/her best knowledge and belief:

Name of Adult or Minor Participant: \_\_\_\_\_

List any medical condition(s) the Church needs to be aware of (Please include things like food &/or medicine allergies, asthma, diabetes, vision impairment, etc.)  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Dates of most recent immunizations: DTP \_\_\_\_\_ Tetanus booster \_\_\_\_\_

Date of Chicken Pox or Varicella vaccine \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Medications currently taking? \_\_\_\_\_ Dosage: \_\_\_\_\_

For treatment of \_\_\_\_\_

**III. CONSENT FOR MEDICAL TREATMENT**

1. The undersigned Adult hereby represents on behalf of said Adult or Minor participant that his or her health allows him/her to participate fully in all Church Activities UNLESS OTHERWISE SPECIFIED AS FOLLOWS:  
\_\_\_\_\_.

2. The undersigned Adult hereby authorizes and consents to any x-ray, exam, anesthetic, medical or surgical diagnosis or treatment rendered by a licensed physician or under the general or specific supervision of any member of the medical staff or emergency room staff of a duly licensed hospital in the location where the Activities take place. Said Adult further authorizes the Church to select any medical doctor and/or hospital for the purpose of diagnosis or treatment of said Minor. It is understood that this authorization is given in advance of any specific authority and power to render care, which the aforementioned physician may deem advisable. It is understood that reasonable effort will be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be contacted.

3. The undersigned Adult hereby authorizes and consents to the administration by the Church to the undersigned Adult or Minor of any medications commonly referred to as "over the counter" (such as, by way of example only, aspirin, acetaminophen, ibuprofen, Benadryl, Mylanta, Tums, cough syrups, Immodium (anti-diarrheal), UNLESS OTHERWISE SPECIFIED AS FOLLOWS:  
\_\_\_\_\_.

**MEDICAL INSURANCE INFORMATION:** Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Identification/Certificate Number \_\_\_\_\_

Employer \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

**\*\*\* Please attach a photocopy of your insurance card! \*\*\***

**Other relative/friend we may notify in case of emergency if we cannot locate parent or guardian listed?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**IV. MISCELLANEOUS CONSENTS**

1. I do \_\_\_do not\_\_\_ give my permission for the undersigned Minor's photograph to be on the church website, in church

2. I do \_\_\_do not\_\_\_ give my permission for the undersigned Minor to view PG-13 motion picture

**V. Community Covenant**

- 1. I will be respectful of all persons at all times.**
- 2. I will follow the instructions my adult leaders both from St. Mark's and organizations we may be working with.**
- 3. I understand that I am allowed to bring my electronics with me on this trip for the van ride and free time. I will not use my phone, iPod, or other electronics at the worksites or during group time. I understand that I may have my electronics taken away if I cannot follow this rule. I also understand that St. Mark's is not liable if my electronics get broken or lost.**
- 4. I will wears school appropriate clothing and follow the dress code requirements for each event.**
- 5. I understand that the National Episcopal Church requires all participants to have 8 hours of sleep. I will be respectful of lights out and quiet times and will not enter anyone's sleeping area other than my own.**
- 6. I will not engage in any inappropriate relationships,**
- 7. I will not be destructive of other people's property and understand that my parents or guardian will be held financially responsible if I purposefully break something.**
- 8. I understand that continual disregard of these rules may cause for me being sent home at my parent or guardian's expense.**

If any condition arises that alters the information on this annual form, I understand that it is my responsibility to notify Saint St. Mark's Episcopal Church in writing of the changes prior to the next activity. Currently, however, the above information is true and correct.

_____	_____	_____
<b>Name of Participant</b>	<b>Participant's Signature</b>	<b>Date</b>

If participant is under 21 years of age:

_____	_____	_____
<b>Parent or Guardian Name</b>	<b>Parent/Guardian's Signature</b>	<b>Date</b>

TRAVELER INFORMATION FORM:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Completed (by June 2019) \_\_\_\_\_

ParentNames: \_\_\_\_\_

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

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

Passport Number: \_\_\_\_\_

(Passport must be valid for 6 months AFTER travel dates)

CONSENT FOR MINOR CHILDREN TO TRAVEL

Date: \_\_\_\_\_

I (we): \_\_\_\_\_ authorize my/our minor child \_\_\_\_\_

to travel to: Santiago, Dominican Republic on: June 15, 2019

Aboard Airline/Flight Number: American Airlines, Flight # \_\_\_\_\_

With: St. Mark's Episcopal Church Youth Ministry Program

Their expected date of return is June 22, 2019

In addition, I (we) authorize: \_\_\_\_\_ to consent

to any necessary routine or emergency medical treatment during the aforementioned trip.

Signed: \_\_\_\_\_ (Parent)

Signed: \_\_\_\_\_ (Parent)

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Sworn to and signed before me, a Notary Public,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public Signature and Seal