



ST. ANDREW'S EPISCOPAL CHURCH

1009 W. Princess Anne Road Norfolk, Virginia 23507 757-622-5530

Youth Event Registration and Permission

Name	Age	Grade	Gender
Address	City	State	Zip
Parent's Name	Phone		
Emergency Contact	Phone		
Event Name	Allergies/Dietary Needs		
Event Dates	Anything else we need to know?		

Release I hereby grant permission for my dependent child, named as YOUTH above, to participate in the above named event. I believe that she or he is capable of participating fully without causing injury to herself/himself or to the detriment of the community. I understand that if my dependent child does not live into the Youth Ministry Community Covenant (located on the St. Andrew's website) he or she will return home at my expense and effort. I am aware that participating in this event may involve traveling by bus, plane, car or train and that drivers may be professional or approved adult leaders. I acknowledge and accept the risks inherent with the travel involved and with this knowledge in mind, grant permission for my dependent child to travel with the appointed leaders. I understand that photos and video may be taken at events sponsored by the St. Andrew's Episcopal Church for publicity purposes, and I consent to the reproduction and distribution of my dependent child's likeness. I understand that every effort will be made to contact me before authorization of emergency treatment is given. In the event that I cannot be reached, or if immediate attention is required, I hereby authorize the St. Andrew's adult leaders to appoint a licensed medical professional to provide treatment on my dependent child's behalf and I agree to assume responsibility for all medical expenses. I agree to hold harmless St. Andrew's Episcopal Church, adult leaders, event coordinators, designated medical professionals and the agents of said bodies in the event of accident or injury. Some events will require for you to attach a copy of the youth's insurance information and photo ID. These documents will be destroyed shortly after each event. *(This event does not.)*

Parent/Guardian Signature

Date

Health Insurance Company: _____ Policy Number: _____