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TRANSFIGURATION YOUTH MINISTRY CONSENT AND RELEASE FORM

YOUTH/CHILD FULL NAME _____		
DATE OF BIRTH _____	AGE _____	GRADE _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE # _____	MOBILE # _____	
E-MAIL (PLEASE PRINT) _____		

PARENT NAME(S) _____		
HOME PHONE # _____	MOBILE # _____	
WORK # _____	E-MAIL (IF DIFFERENT FROM ABOVE) _____	

OTHER CONTACT NAME(S) _____		
CITY _____	STATE _____	ZIP _____
PHONE # _____	MOBILE # _____	
WORK # _____	FAX # _____	

PHYSICIAN _____	PHONE # _____	
DENTIST _____	PHONE # _____	
HEALTH INSURANCE CARRIER _____		
GROUP# _____	POLICY # _____	PHONE # _____

<u>RELEASE AND CONSENT TO DISPLAY PICTURES</u>	
Please, check one:	
<input type="checkbox"/>	I give Transfiguration Episcopal Church, Bat Cave, NC permission to display in church publications and on the church website my child's picture. I understand that my child's name will not be used unless otherwise authorized.
<input type="checkbox"/>	I do not want my child's picture to be publicized in any way.

PLEASE FILL OUT THE BACK OF THIS FORM

CONSENT TO PARTICIPATE

I DO HERBY GIVE CONSENT FOR MY CHILD TO PARTICIPATE FULLY AND COMPLETELY IN THE BACK YARD SPORTS PROGRAM

CONSENT OF TRANSPORTATION

I give my youth permission to be transported by the provided transportation and legal driver as part of his/her participation in the Transfiguration Episcopal Church, Bat Cave Youth Ministry, by whatever means of transportation the Rector and those acting on his behalf deems appropriate.

I agree to contact the group leaders if someone other than parents/guardians will pick the child up. Please list those people here if you know that will be the case. _____

CONSENT OF RELEASE OF LIABILITY

I do hereby waive, release, covenant not to sue and forever discharge, to the fullest extent permitted by law, Transfiguration Episcopal Church, Bat Cave, NC and its related or connected organizations, officers, agents, employees, representatives, successors, assigns and all others of and from any and all responsibilities, claims, and expenses, personal injury, wrongful death or liability for injuries or damages of any kind resulting from the participation of my child/youth in any activities of the Transfiguration Episcopal Church, Bat Cave, NC. Children and Youth Ministry facilities, rented or owned, or arising out of any Transfiguration Episcopal Church, Bat Cave, NC Children and Youth Ministry activities. I do also hereby indemnify, release and hold harmless, to the fullest extent provided by law, the staff and volunteers of the church, and any others acting upon their behalf from any responsibility or liability, for any injury, damage or death to my child/youth, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my child's/youth's participation in any activities of the Transfiguration Episcopal Church, Bat Cave, NC.

CONSENT OF MEDICAL RELEASE

As a parent and/or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of my child/youth in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

CONSENT OF RELEASE OF MEDICAL CONDITIONS

My child/youth is subject to the following medical conditions; I authorize Transfiguration Episcopal Church, Bat Cave, NC to disclose such medical conditions to a licensed medical doctor in the event my child/youth should require emergency medical or dental care.

ALLERGIES _____

ILLNESSES _____

DISABILITIES/LIMITATIONS _____

PHYSICAL, MEDICAL, DIETARY RESTRICTIONS _____

ROUTINE MEDICATIONS INCLUDING INHALERS (GIVE DOSE AND TIMES TAKEN)

ARE ALL OF YOUR CHILD'S/YOUTH'S IMMUNIZATIONS CURRENT? **YES** **NO**

PARENT(S) SIGNATURE _____ **DATE** _____