



Form valid for \_\_\_\_ - \_\_\_\_ School year.

### 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 Christ Episcopal Church of Ponte Vedra Beach, 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: MMR \_\_\_\_\_ Hep B \_\_\_\_\_ Polio \_\_\_\_\_ 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 publications, or in the youth ministry annual video.

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

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

\_\_\_\_\_  
**Name of Participant                      Participant’s Signature                      Date**

If participant is under 21 years of age:

\_\_\_\_\_  
**Parent or Guardian Name                      Parent/Guardian’s Signature                      Date**