## Youth Ministry at St. Gregory's Episcopal Church
## Participant Information and Release

Name: _____ Nickname: _____ Birth date: _____

Cell Phone: (  ) _____ E-Mail: _____

Parent/Guardian Name: _____

Address: _____ zip: _____

Home Phone: (  ) _____ Work: (  ) _____

Cell Phone: (  ) _____ E-Mail: _____

Alternate Emergency Contact Name/Ph: _____ (  ) _____

Insurance Company: _____ Policy # _____

Allergies: _____

Physical Restrictions: _____

Pain Reliever may be administered in the event of fever or minor injury: Y N

Circle Preference: Tylenol Advil Aspirin Other:

If prescription medication is to be administered by an adult leader or by an individual minor child during any youth activity, please attach detailed instructions to this form.

I understand that all possible safety precautions will be taken during all activities, all rules and regulations pertaining to the activity will be followed and all persons in a leadership position are aware of the specific requirements of my child. In the unlikely event of an emergency and a parent, guardian or emergency contact cannot be reached, I hereby give permission for the Adult Leader to seek medical attention for this child. Furthermore, I will not hold St. Gregory's Episcopal Church or any persons acting on behalf of St. Gregory's liable for injury or other damages incurred during this activity.

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

MUST BE SIGNED BY PARENT/ GUARDIAN BEFORE EACH **OFF-SITE** ACTIVITY:
MUST BE SIGNED BY PARTICIPANT BEFORE EACH **ON-SITE** ACTIVITY:

| Date | Activity | CS | Signature | Date | Activity | CS | Signature |
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