

YOUTH FORM for St. John's Episcopal Church Date _____

Name: _____ Male Female Grad Yr _____
(LAST) (FIRST)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Yth Cell: _____

Parent(s) Email: _____

Youth Email: _____

T-shirt size(circle): **S M L XL XXL XXXL** Birthday: _____

High School _____

Parents' Contact Information

Father's Name: _____

Address: _____

Phone #: (____) _____ Cell: (____) _____

Mother's Name: _____

Address: _(if different)_____

Phone #: (____) _____ Cell: (____) _____

Emergency Contact (other than parent)

Name: _____

Phone #: (____) _____ Relation to Youth: _____

Medical Information

Insurance: _____ Copy of Card Provided

Policy Holder: _____

Policy #: _____

Phone # of Insurance Company: (____) _____

Family Doctor's Name: _____ Phone: (____) _____

Please list any medications taken regularly, any dietary restrictions or physical limitations: _____

Allergies: Food, Drug, or Environmental: _____

Does your child have any other known medical conditions we should be aware of (such as asthma, diabetes, low blood sugar, seizures, etc.)? Yes _____ No _____

If yes, please explain: _____

Medical Release & Waiver of Liability

I give permission for my child to attend youth programs of St. John’s Episcopal Church /Fort Smith, AR. In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. The adults in charge have permission to authorize any medical care, which in their judgment, are deemed necessary and to sign any medical forms necessary on my child’s behalf. I do hereby release the Episcopal Diocese of Arkansas, Camp Mitchell, my parish, and all persons connected with sponsored events from any liability, claim, and expense related to any such condition, circumstance or treatment.

Parent Signature _____ Date _____

Our program and weekend is based on the Baptismal Covenant:

We believe in God. We will seek to continue in the Apostles’ teaching and fellowship, in the breaking of the bread and prayers. We will persevere in resisting evil and whenever we fall into sin will repent and return to Christ. We will proclaim by word and example the Good news of God in Jesus Christ. We will seek and serve Christ in all persons loving our neighbors as ourselves. We will strive for justice and peace among all people and respect the dignity of every human being.

Community Covenant:

We will be gathering in community, we need to agree to some things that will make our life together run smoothly. Please read these expectations and sign at the bottom of the page. Adult sponsors will also sign the covenant.

I, _____ agree to the following community covenant:

- On overnight events, sleeping areas are off limits to members of the opposite sex at all times.
- Do not bring/wear offensive clothing (language and coverage considerations).
- No inappropriate sexual activity.
- No alcohol, illegal drugs, tobacco products, fireworks, or weapons are allowed at anytime.
- No person is to leave during the event without permission from the event coordinator. (It is the expectation that youth will stay for the entire event.)
- We discourage bringing electronics as these are distractions for community building. If you bring music, bring headphones.
- Please do not bring snacks. Many will be provided.
- Full participation in all events is expected. If one does not feel called to participate in worship, presence and respect is still expected.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event, I understand that there will be consequences, which may include my being sent home.

Youth Signature _____ Date _____

As parent and/or legal guardian of this child I have read the above and believe that s/he is capable of aspiring to and following these community expectations and rules.

PHOTOS: I understand that pictures and videos of my child may be taken at St. John’s Episcopal Church and Episcopal Diocese of Arkansas related events. I hereby give permission for the use of such pictures and videos to be used for the promotion and sharing of St. John’s Episcopal Church and Diocesan Youth events. YES NO

Signed _____ Date _____

Scholarships available for all events. Make your needs known.

NOTE: An additional acknowledgment and permission will be requested for all specific individual events. This form will be retained on file for reference for duration of youth’s participation.