

St. Martin-in-the-Fields Episcopal Church Event-Specific Guest Application

TO BE VALID
this application
must be fully
completed.
Please double
check both
pages!

Event Name: _____ Event Date: ____/____/____

Please Check One: ADULT YOUTH T-Shirt Size: _____

Please print in INK

Participant's Name: _____ Male Female
FIRST MIDDLE LAST

Birthday _____ Age ____ Grade ____ School _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell/Work _____ Cell/Work _____

Participant is under custodial care of Both parents Mother only Father only Other _____

Mother / Guardian Name _____ Email _____

Phone: Home _____ Cell/Work _____

Father / Guardian Name _____ Email _____

Phone: Home _____ Cell/Work _____

Emergency Contact _____ Phone: Home _____ Cell/Work _____

Medical Insurance Company _____ Policy # _____

Physician _____ Office phone _____

Medical History

Where necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form, adding additional pages with necessary detail.

1. For this participant's safety and our knowledge, this participant is a—
 good swimmer fair swimmer non-swimmer

2. Does this participant have allergies to—
 None pollens medications food insect bites other
PLEASE LIST: _____

3. Does this participant require an EpiPen or other epinephrine autoinjector? yes no
*If yes, participant is required to present the EpiPen to an adult facilitator at the start of all activities.
Without an EpiPen, the participant will be asked to leave for their own safety.*

4. Does this participant suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 physical handicap frequently upset stomach other: _____

5. Please list any prescription medications the participant is taking (type/dose/frequency):

6. Please list and explain any major illnesses the participant has experienced during the last year:

7. Should this participant's activities be restricted for any reason? Please explain:

COMMUNITY GUIDELINES FOR ST. MARTIN-IN-THE-FIELDS YOUTH EVENTS

To establish a Christian community during our events, the following guidelines are to be used for our life together. The success and enjoyment of our experience in Christian fellowship will largely depend upon our mutual responsibility to us, to one another and to God.

PARTICIPANTS WHO BREAK THE FOLLOWING GUIDELINES MAY BE ASKED TO LEAVE AND PARENTS MAY BE CALLED.

1. As Christians, all participants have a responsibility to the environmental settings where our events are held including buildings grounds, furnishings and natural wildlife. Participants will be held financially responsible for damages they incur.
2. All youth may not leave designated buildings or areas and will participate in all group activities unless given express permission by an adult sponsor or adult staff member to do otherwise.
3. All participants will take a responsibility for themselves by dressing appropriately. It is not suitable for males or females to wear clothes that expose undergarments (bras, boxers, etc.). A participant may be asked to change clothes if an adult sponsor or adult staff member decides that their attire is inappropriate.
4. Radios, recorders, music players, TV's, electronic games, skate boards, roller skates & blades, etc. tend to be a distraction to the individual and to others and are to be left at home. If they are brought, they will be secured and kept safe by the staff.
5. Show consideration and respect for others. Lights out, quiet times and prayer times are a few examples of when to demonstrate your thoughtfulness and silence. Offensive language is not considerate or respectful to the community.
6. Alcohol, illegal drugs, artificial stimulants (Vivarin, NoDoze, etc.), and abuse of over-the-counter medications will not be tolerated.
7. No use of any tobacco product is allowed.
8. Youth who drive their own cars must turn in their keys at event registration.
9. Inappropriate displays of affection or sexual activity will not be permitted. Persons will not be allowed in opposite-sex rooms at any time during any event.
10. No youth will be released prior to the close of an event without written parental consent. If question of legal guardianship arises, consent is required from both parents.

I give permission for myself / my child to participate in the youth group event, and to travel with St. Martin-in-the-Fields Episcopal Church, the Episcopal Diocese of Fort Worth and/or a local Church body, to and from the above event. In case of illness or accident, I give permission to have myself / my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; not withstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my / my child's behalf and I do hereby release St. Martin-in-the-Fields, the Episcopal Diocese of Fort Worth, the local Church body, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

I understand that photos, videos, and sound recordings will be taken during youth activities. I grant to St. Martin-in-the-Fields Episcopal Church and to The Episcopal Diocese of Fort Worth, their representatives and employees the right to take photographs, video recordings, and sound recordings of myself / my child. I authorize St. Martin-in-the-Fields Episcopal Church and The Episcopal Diocese of Fort Worth, its assigns and transferees to alter, copyright, use and publish the same in print and/or electronically, with or without my child's name, for any lawful purpose, including such purposes as publicity, illustration, advertising, displays, and internet content. I hereby waive any right that I may have to inspect or approve photo, video, or sound products. In addition, I waive the right to any compensation related to their use.

All of the information provide on this form is accurate to the best of my knowledge. We, the parent and participant, have read the above rules of conduct, and agree to abide by the stated personal limitations and code of conduct

Parent signature: _____ Date: _____

Parent printed name: _____

Participant signature: _____ Date: _____

Participant printed name: _____

(Please check one) This participant is: active in Church not active in Church a friend of another participant