

**PERMISSION FORM** *Please print in INK and complete both sides Attach additional pages as necessary.*

Event Name \_\_\_\_\_ Event Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Participant is  Child  Adult T-Shirt Size \_\_\_\_\_

Participant's Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_ Email \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell/Work \_\_\_\_\_ Cell/Work \_\_\_\_\_

**GUARDIANSHIP OF CHILD:** Child is under custodial care of  Both parents  Mother only  Father only  Other \_\_\_\_\_

Guardian1 Name \_\_\_\_\_ Email \_\_\_\_\_

Relationship:  Mother  Father  Legal Guardian  Stepmother  Stepfather  Grandparent  Other \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Guardian2 Name \_\_\_\_\_ Email \_\_\_\_\_

Relationship:  Mother  Father  Legal Guardian  Stepmother  Stepfather  Grandparent  Other \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**EMERGENCY** Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**MEDICAL HISTORY** 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 facilitators should be aware, and what 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

LIST & DESCRIBE: \_\_\_\_\_

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 event facilitator at the start of all activities.

Without an EpiPen, the participant will be asked to leave.

4. Does this participant suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma  heart trouble  epilepsy / seizure disorder  diabetes

frequently upset stomach  physical handicap/condition  other: \_\_\_\_\_

5. Please list any prescription AND over the counter 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 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 one another and to God. Participants who break the following community guidelines may be asked to leave and guardians may be called.

1. As Christians, all participants have a responsibility to respect 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. Participants may not leave designated buildings or areas and will participate in all group activities unless given express permission by an adult event facilitator to do otherwise.
3. Participants will take responsibility for themselves by dressing appropriately. It is not suitable to wear clothes that expose undergarments (bras, boxers, etc.). A participant may be asked to change clothes if an adult event facilitator decides that their attire is inappropriate.
4. Electronic devices, sporting goods, and toys tend to be a distraction to the individual and to others and should be left at home. If they are brought, their use may be restricted, or they may be confiscated.
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. Use of alcohol, artificial stimulants (Vivarin, NoDoze, etc.) or illegal drugs is prohibited.
7. Use of any tobacco product is prohibited.
8. Inappropriate displays of affection or sexual activity are not permitted.
9. Youth who drive their own cars may be asked to turn in their keys to an adult event facilitator before an event begins.
10. Children will not be released prior to the close of an event without written guardian consent. If question of legal guardianship arises, consent is required from both parents.
11. Trust, accountability and safety are essential in church activities. The policies of Safeguarding God’s People will be in place in all church events.

**PERMISSIONS & RELEASES**

I give permission for myself / my child to participate in activities of St. Martin-in-the-Fields Episcopal Church, the Episcopal Diocese of Fort Worth and/or a local Church body, and to travel 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 adult event facilitators 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 and the Episcopal Diocese of Fort Worth, 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 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 names, 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 participant and/or guardian have read the above rules of conduct, and agree to abide by the stated personal limitations and code of conduct.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant printed name: \_\_\_\_\_

Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian printed name: \_\_\_\_\_