

***St. John's Episcopal Church***  
***Youth Group Registration Form***  
***2014-2015***

**Contact Information:**

Youth participant's name: \_\_\_\_\_  
Mailing and postal address: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Please keep me in the "know" with occasional texts (event reminders etc.): YES or NO  
Email address: \_\_\_\_\_  
On Facebook?: YES or NO  
Birthday: \_\_\_\_\_  
What school do you go to? \_\_\_\_\_ What grade? \_\_\_\_\_  
What activities are you involved in? \_\_\_\_\_

Parent/guardian's Name (s): \_\_\_\_\_  
Cell Phone # (s): \_\_\_\_\_  
Please keep me in the "know" with occasional texts: YES or NO  
Email address (s) : \_\_\_\_\_  
(check ✓ email addresses you'd like to add to the Youth Group weekly email list)  
Home Phone: \_\_\_\_\_

Additional Emergency Contacts and Numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## St. John's Youth Ministry Covenant 2014-2015

In Youth Group there are going to be activities I absolutely love and others I might not be sure about. In order to be a committed part of this Christian community I will show up to Youth Group and events ready to participate and therefore, open to the possibilities. I have read the following and I sign my name to our covenant.

1. I will be open to the surprising work of God at youth ministry events, even when it comes through the unexpected (like bad food, exhausting play, and people who are very different from me).
2. I will live as a part of a short-term experiment in Christian community while at youth ministry events, showing respect and attentive love to each person in our group.
3. For youth ministry events, I will seek to follow the example of Jesus who did not come to be served, but to serve.
4. I will obey the assigned "lights out" instructions, and I will participate in the activities that have been planned for me. I also understand that I am to be respectful of our worship times and of our small group space, and I promise not to be a distraction during any of this programming.
5. I will honor the adults who have so graciously given of their time in order that youth events might happen. I will respect and obey them without question or complaint, for I know that they love me and always have my best interests in mind.
6. I will not destroy any property, but will instead leave things a little better than they were before I got there.
7. I will honor the group and the importance of the time we have together by living within the basic behavioral guidelines for youth ministry events. I will not wander off from the group, and will stay with at least two friends, being careful to pay attention to when I need to check in with an adult. I will let girls' bedrooms be for girls only, and guys' bedrooms be for guys only.
8. I will seek to avoid actions or attitudes that might detract from the building of Christian community or the mission to which we have been called **(illegal drugs, or alcohol, gossip, profanity, tobacco, inappropriate sexual behavior, firearms, etc.).**

In the unlikely event I choose to disregard this Covenant, I understand that

- I will be given a warning for a first offense and will have a period of time away from the group.
- If I offend a 2nd time, my parents will be called.
- If I offend a 3rd time, I will be sent home prior to the trip's end at my parents' expense.

The Youth Leaders have the authority to bypass the first 2 steps if the offense is egregious.

This Covenant is committed to by:

Youth Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# St. John's Episcopal Church/Youth Ministry

## CONSENT AND LIABILITY FORM

PARTICIPANTS NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

GRADE \_\_\_\_\_

AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

PARENT(S)/GUARDIAN NAME(S) \_\_\_\_\_

WOK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

### To Whom It May Concern:

The undersigned do(es) hereby give permission for our (my) child(ren):

\_\_\_\_\_ ("Participant"), to attend and participate in Youth Ministry Events sponsored by St. John's Episcopal Church, Roanoke, Va.

**LIABILITY RELEASE:** In consideration of St. John's Episcopal Church allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless St. John's Episcopal Church, its employees, vestry members, volunteers and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent (s) or legal guardian (s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities. Furthermore, we (I) [and on behalf of our (my) Participant(s)] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Further, authorization and permission is hereby given to said "Church" to furnish any necessary transportation (within the limitations of St. John's insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto including but not limited to reasonable attorney fees and other litigation related expenses.

**Medical Treatment Permission:** We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the afore mentioned youth pursuant to this authorization. Furthermore, we (I) give permission for an adult supervisor to administer any over-the -counter medication, as specified on the Participant's medical form, my child may need during this event.

**Early Return Home Policy:** Should it be necessary for our (my) youth to return home due to medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

**Transportation Permission:** The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by St. John's. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation. We (I) the undersigned also, acknowledge that I have reviewed details regarding the event our (my) child is participating in.

If any element of this consent and liability form is deemed overly broad or unenforceable, then it shall be deemed to be applicable and binding only with respect to those remaining elements deemed to be reasonable. The undersigned agrees that this consent and liability form shall be construed and/or reformed so as to be judged reasonable and enforceable.

I have read this consent and liability form and execute it voluntarily and with full knowledge of its significance.

Parent(s)/ Guardian(s) Signature(s) \_\_\_\_\_ / \_\_\_\_\_  
Date \_\_\_\_\_



# St. John's Episcopal Church: Youth Medical Information Form

Last Name, First Name (Goes By): \_\_\_\_\_

Grade \_\_\_\_\_

Gender \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

## MEDICAL INFORMATION

Allergies (medication/food/insect/ect.):

\_\_\_\_\_  
\_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Last Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Activities to be restricted from: \_\_\_\_\_

Name of Participant's Doctor: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Contact Number: \_\_\_\_\_

Insurance Policy Number & ID Number: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_