



The  
**EPISCOPAL CHURCH** in  
**CENTRAL PENNSYLVANIA**

**2019 YOUTH EVENTS Registration Form &  
MEDICAL RELEASE/COMMUNITY  
LIFE COVENANT FORM**

**This form must be completed for each participant, youth and adult, and signed on both sides.  
Parents of youth participants must sign for everyone under the age of 18.**

*Please Note: All information given is confidential and is not distributed to unauthorized personnel.*

**EVENT Title:**

Name of Participant (Please print) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: ( )

Home Address:

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: ( )

\_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: ( )

\_\_\_\_\_

Health Insurance Company:

Group #: \_\_\_\_\_ Plan #:

***Parents or Guardians should complete the following Medical Information and Release:***

1. Any health problems the staff should know about

\_\_\_\_\_

2. Any allergies:

\_\_\_\_\_

3. Any dietary restrictions:

\_\_\_\_\_

4. Any prescribed medications to be taken during the event:

a. Provide name of medicine, dosage, and frequency if not listed on medication

b. Please provide a sufficient supply for the period of this event

\_\_\_\_\_

Father's Name: (Please print) \_\_\_\_\_ Phone( )

\_\_\_\_\_

Mother's Name :(Please print) \_\_\_\_\_ Phone ( )

\_\_\_\_\_

**Emergency contact during event (if other than above):**

Name: (Please print) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ 2<sup>nd</sup> Phone (if applicable):

*In case of a medical emergency, I permit the diocesan staff and/or adult supervisors to obtain or authorize emergency medical/dental treatment for my child. I further authorize the medical personnel selected by the diocesan staff and/or adult supervisors to administer such emergency treatment,*



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*including injections, anesthesia, or surgery as they deem necessary. I understand I will be notified of this emergency as soon as possible.*

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and sign the following:

### COMMUNITY LIFE STANDARDS FOR DIOCESAN YOUTH EVENTS

1. Illegal use of drugs, tobacco products and alcohol are strictly prohibited during the event.
2. There will be a set curfew at the events. Participants are expected to abide by curfew times and rules as defined at the event. Everyone will be expected to attend the entire event and participate in all scheduled activities.
3. No visitors allowed during youth events. A visitor is defined as a person, who is unexpected, not registered, and/or does not contribute to the conference.
4. No one leaves the site of the event without the permission of the adult in charge of the event.
5. Youth may not drive participants (other youth) during youth events. All drivers during youth events must be on the program team and must **be 25 years** of age or older.
6. The diocese does not provide transportation to and from youth events unless otherwise stated for a specific event. All transportation arrangements are to be made with parental permission. Youth planning to travel away from an event with a youth driver, other than who they arrived with, need to have written permission from their parent(s).
7. Visiting in defined sleeping areas by members of the opposite sex is prohibited. All meetings of friends of the opposite sex will occur in designated community areas.
8. Public displays of affection are a distraction from participation in the event, will not be allowed.
9. Offensive language and offensive conversation is prohibited.

**Expectations:** Participants will seek and serve God in all things, loving thy neighbor as thyself; will accept responsibility for their own behavior and property; will respect the feelings, beliefs and property of others; will participate actively in all activities; will listen to and respect the staff and adult chaperones and obey all rules. Will follow the Safeguarding policies of the diocese of Central PA, all under the age of 21 will be supervised.

**A youth will be sent home immediately for breaking the rules below:**

*ILLEGAL USE OF DRUGS, ALCOHOL OR TOBACCO PRODUCTS, LEAVING THE CONFERENCE SITE, BEING IN THE SAME BEDROOM OR SLEEPING AREA OF A MEMBER OF THE OPPOSITE SEX OR IN*



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*A SLEEPING ROOM NOT ASSIGNED, AND LEAVING THE SITE OF THE EVENT WITHOUT PERMISSION.*

The adult in charge of the event will make all decisions concerning when to send anyone home. If a youth is to be sent home, it will be the responsibility of his/her parents or an adult designated by a parent to pick up the young person as soon as possible. If a youth is asked to leave, he/she may not attend Diocesan events for a period of one year.

*I hereby agree to abide by all rules of this event. I fully understand the consequences if a rule is broken.* SIGNATURE OF YOUTH PARTICIPANT:

\_\_\_\_\_

PARISH:

\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN:

DATE: \_\_\_\_\_

*I hereby agree to abide by all rules of this event. I fully understand the consequences if a rule is broken.*

SIGNATURE OF ADULT PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

## DIOCESE OF CENTRAL PENNSYLVANIA RELEASE AGREEMENT

### Dear Parents and Guardians,

We want to inform you of our safety precautions at our diocesan youth events. Your youth will be required by our staff to wear safety equipment for activities requiring such protective gear. Even with safety equipment and our competent staff present, we want you to realize that any recreational activity has inherent dangers that no amount of care, caution, instruction, or expertise can totally eliminate. IT IS IMPORTANT THAT THIS FORM IS FILLED OUT, SIGNED AND DATED BY THE PARENT OR GUARDIAN OF THE YOUTH. YOUR YOUTH WILL NOT BE PERMITTED TO ATTEND THE EVENT UNLESS WE HAVE RECEIVED ALL FORMS.

- In signing this document, I hereby certify that I give permission to my son or daughter to participate in the Diocesan youth events.
- I understand that pictures and videos are taken at these events. Unless otherwise indicated, I hereby give permission for the use of such pictures and videos of my youth for the promotion of diocesan youth events. Pictures may be posted on Diocesan website.

**Initial here \_\_\_\_\_ if permission is not granted.**

- In addition, I give permission for my son or daughter to be transported in approved vehicles for event activities, as well as transportation to and from medical facilities if necessary.
- I hereby agree by execution of this document to release the Diocese of Central



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- Pennsylvania, the staff, and all others acting for or on behalf of the Diocese of
- Central Pennsylvania from all liability whatsoever, for personal injury, or damages to property, real or personal, caused by, or arising out of attending the events and other activities sponsored by the Diocese of Central Pennsylvania.

**Event** \_\_\_\_\_

**Youth Name** \_\_\_\_\_

**Parent/Guardian Name (print):** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_