

St. Catherine's Youth Event Permission Form
For all Youth Events at St. Cat's or in the Atlanta Area

Name: _____ Phone: _____

Street Address: _____

City: _____ Zip: _____

Name of Emergency Contact(s): _____

Phone: (h) _____ (c) _____ (c) _____

At St. Catherine's we believe that our youth and our ministry to and with them is one of the most serious and gracious gifts of God. As such, we are called to be good stewards of this gift. This includes setting a good example of behavior as adults and insisting that any youth who participates in any event sponsored by St. Catherine's also models such good behavior. Thus, each youth intending to go on a trip sponsored by St. Catherine's must read and sign a community covenant.

Community Covenant for all St. Catherine's Youth Events

I acknowledge and accept in writing that community life at a St. Catherine's Youth Event is based upon mutual trust, respect for others and adherence to the spirit and to the specifics of a set of standards as follows:

- I will respect all others and their possessions;
- I will treat the staff and property with respect and will treat all buildings and furnishings with care;
- I will not use or possess alcohol, illegal drugs, fireworks, firearms or any other kind of weapon;
- I will not use or possess tobacco in any form;
- I will not ride in or drive a motor vehicle without specific permission from the Amelia or another adult leader;
- I will not participate in any inappropriate sexual behavior;
- I will not alter my appearance in any permanent or semi-permanent manner (i.e., tattooing, piercing, hair dyeing).

Attending a St. Catherine's youth event is a privilege, and participants are encouraged to enter fully and cooperatively into the community life. The Youth Director reserves the right to terminate participation in the event and to send home at his/her expense any person whose conduct is considered detrimental to the community.

Participant Signature: _____

Parent/Legal Guardian Signature: _____

St. Catherine's Medical Form

Name _____ Daytime Phone (_____) _____

Medical Insurance Carrier _____ Group # _____

Name of insured / parent _____ ID # _____

HEALTH HISTORY *To be filled out by parent or applicant.*

1. What is the status of youth's health now?

Excellent (____) Good (____) Fair (____)

2. Date of last tetanus immunization? _____

3. Is youth presently taking any medication? _____

If yes, please describe:

4. Is there any medical matter which St. Catherine's should be aware of? _____

If yes, please describe:

INSURANCE CARD

A copy of the front and back of the participant's valid health insurance card must be sent with this registration.

PARENT'S AUTHORIZATION

The information on this form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event Amelia is unable to reach parent or guardian in an emergency, I hereby give permission to the physician selected by the Youth Director and Leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

The above forms serve as a general authorization for the staff and adult volunteers at St. Catherine's Episcopal Church to take my child to and from youth events at the church and in the Atlanta area. By filling out and signing the above forms, I give my child permission to attend St. Catherine's Youth Events during the 2006-2007 school year.

Signature _____ Relationship _____

Date _____