



St. Peter and St. Paul Anglican Church Youth Event Application

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

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Check One:  ADULT  YOUTH

Please print in INK

Church: \_\_\_\_\_ City: \_\_\_\_\_

Name: \_\_\_\_\_ Name on nametag: \_\_\_\_\_ Birthday \_\_\_\_\_
LAST FIRST MIDDLE

Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Medical History

If 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 your child 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. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- 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: \_\_\_\_\_
3. 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  frequently upset stomach  physical handicap  other: \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
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 ALL DIOCESE OF FORT WORTH YOUTH EVENTS**

In an attempt 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 youth and adults have a responsibility to the environmental settings where our events are held including buildings grounds, furnishings and natural wildlife. Youth and advisors 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, youth and adults, 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 decides that their attire is inappropriate.
4. Radios, recorders, tape and C.D. players, TV's, electronic and video 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 registration.
9. Persons will not be allowed in opposite-sex rooms at any time during any event. Inappropriate displays of affection or sexual activity will not be permitted.
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.

**For Adults Only:**

To be a sponsor for an overnight event, you must:

1. Be at least one year out of high school.
2. Be an ACTIVE member of a Parish in the Diocese of Fort Worth for at least 6 months prior to this event.
3. Meet the requirements below:

**PLEASE INDICATE:**

**Yes / No** I have completed the Diocesan workshop on Child Abuse Prevention.

**Yes / No** I have had a background check through the Diocese of Fort Worth.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

I give permission for myself / my child to travel with the Diocese of Fort Worth, and/or this local Church body, to and from the above event. In case of illness or accident, I give permission to have 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; notwithstanding, 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 child's behalf and I do hereby release the Episcopal Diocese of Fort Worth, this local Church body, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

I, the parent and participant, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

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

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Youth Minister Approval: \_\_\_\_\_ Clergy Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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