

# St. Mary's Sr Weekend 2023 Registration & Medical Release

*\*This serves as registration for Youth Ministry Programs, Sunday morning Youth forums and is the release for all Youth group activities!*

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

Address \_\_\_\_\_  
Street City State Zip Code

Youth Home phone \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

Youth E-mail \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Registering for (check all that apply)

*Winter Activity Fees are an additional cost*

\_\_\_ Sr High Weekend at Shrine Mont (\$160 includes lodging and meals)

\_\_\_ Tubing (\$33) \_\_\_ Skiing (Lift ticket and equipment rental \$130)

\_\_\_ Lift ticket only \$72 (have own ski equipment) \*Ski lessons will not be offered

## Parent/Guardian Information

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Parent 1 Home phone \_\_\_\_\_

Parent 2 Home Phone \_\_\_\_\_

Parent 1 Work phone \_\_\_\_\_

Parent 2 Work phone \_\_\_\_\_

Parent 1 Cell phone \_\_\_\_\_

Parent 2 Cell phone \_\_\_\_\_

Parent 1 e-mail \_\_\_\_\_

Parent 2 email \_\_\_\_\_

***\*\*Please make sure the parent information is completed so we may be in contact with you, and so we have emergency contact information in case of emergency! Thank you!***

### **Person to notify IN CASE Parent/Guardian CANNOT BE REACHED!**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone \_\_\_\_\_

Cell or work phone \_\_\_\_\_

## Information

Health Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_

Relationship to Insured \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

Dietary needs/restrictions \_\_\_\_\_

*\*\*If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

The following is a list of medications that my child, \_\_\_\_\_, will need to take while attending \_\_\_\_\_. (Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION	DOSE	WHEN TAKEN

The following medication will be available for your child to take with your permission, on Youth group trips. I, the parent/guardian of \_\_\_\_\_ give permission for my child to take:

Cough Drops    Yes \_\_\_\_\_    No \_\_\_\_\_    Motrin            Yes \_\_\_\_\_    No \_\_\_\_\_  
 Mylanta        Yes \_\_\_\_\_    No \_\_\_\_\_    Tylenol        Yes \_\_\_\_\_    No \_\_\_\_\_

***Please check yes or no for each of the listed medications.***

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

## Required Signatures & Parent/Guardian Authorization/Release

### PARENTAL CONSENT:

I give full permission for my child to attend all St. Mary's youth events including but not limited to: St. Mary's Youth Group meetings, St. Mary's Sr High Weekend at Shrine Mont, Wing Night, Youth Council meetings, Youth group trips, Retreats, Lock-ins, Confirmation trips, Outreach Projects, Outreach Camp, Mission Trips, Field trips, Bowling, Ice or Roller skating, Amusement Park trips, Shrine Mont PYM and parish events, and any other event named here:

\_\_\_\_\_

\_\_\_\_\_

**PHOTO/MEDIA RELEASE:**

I give my permission for photographs or video footage of my child to be used by St. Mary's Episcopal Church for promotional purposes. (Brochures, Newsletters, Website photos, Online photo albums of events, and Social media, etc.) (No names are to be used)

**MEDICAL RELEASE:**

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific 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. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization, and

**TRANSPORTATION RELEASE:**

I give full permission for my child/children to be transported to youth activities in conjunction with any above mentioned events, away from our meeting site, in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event. Drivers will be approved by St. Mary's.

**WAIVER OF LIABILITY:**

I agree to hold St. Mary's Episcopal Church, the Diocese of Virginia, and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature \_\_\_\_\_ date \_\_\_\_\_