

Children and Youth Ministries Activity Form 2014–2015

Please return the completed form to the Parish Office. You can also email the completed PDF to **Elizabeth Walker** at sundayschool@epiphanyseattle.org or **Laura Sargent** at youth@epiphanyseattle.org.

Today's Date: _____

Student's Name _____ Birthdate ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Best Contact Phone (_____) _____ Whose #? _____
 Cell Home Work

Student's email address (if applicable) _____

School _____ Grade for 2014–15 School Year _____

Guardian Name _____

Cell # (_____) _____ Work # (_____) _____

2nd Guardian or Emergency Contact Name _____

Cell # (_____) _____ Work # (_____) _____

Best Guardian Email _____

Insurance Carrier _____ Policy # _____

Allergies, including drug reactions _____

Regular Medications _____

Health Conditions We Should be Aware of: _____

Special Dietary Limitations _____

Family Physician _____ Phone # (_____) _____

Date of Last Tetanus _____

I authorize _____ to participate in Epiphany children/youth activities, including related transportation, and as a condition of his/her being allowed to do so I hereby release and discharge Epiphany Church and its constituent organizations and its officers, agents, employees, and volunteers from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in Epiphany activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above. I hereby warrant and represent that he/she is physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said.

Consent to Treat: In the event of an accident, illness or medical emergency, I authorize an adult employed by or acting on behalf of Epiphany to obtain emergency medical treatment and hospitalization for my child. I authorize physicians and hospitals to provide emergency medical care and treatment for my child.

Photo Release and Waiver: I consent to Epiphany publishing my child's photograph in church and community publications including but not limited to newsletters, bulletins, websites, and presentations.

_____ agrees to abide by the rules and regulations governing Epiphany activities and to obey any instructions given by the person or persons having supervision and control over the activities.

Parent or Guardian _____ Date _____