



# St. David's Episcopal Church

— EST. 1715 —

## Permission/Waiver Form (Grades 6-12 only)

<b>Youth Information</b>			
	#1	#2	#3
First Name			
Last Name			
Date of Birth			
List any medical problems, allergies, etc.			
Youth Cell Phone			
Youth Email			

<b>Family Information</b>	
Parent Name:	
Address:	
City, State, Zip	
Family Home Phone	
Parent Cell Phone	
Physician Name	
Telephone #	
Insurance Co.	
Telephone #	
Policy #	
Emergency Contact Name	
Telephone #	

- I would like more information about being a Youth Ministry Volunteer
- I am most interested in:
  - High School Youth Group (Grades 9-12)
  - Middle School Youth Group (Grades 6-8)

**OVER**

## Permission for Publicity

On occasion, St. David's Episcopal Church takes photographs or makes an audio or videotape recording of children and/or adults involved in church/youth activities. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed or displayed as agents of the church see fit.

I give permission for publicity: \_\_\_\_\_

I do not give permission for publicity: \_\_\_\_\_

## Release of Liability

By signing this waiver form, I grant permission for the child named above or I, if I am a participant, to participate in and engage in the 2012-2013 youth group events of St. David's Episcopal Church. My child or I are physically and mentally able to participate in these activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in said activities, and have discussed them with my child if necessary.

I release St. David's Episcopal Church, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which I or the alternate contact cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.

I further agree to indemnify and hold harmless St. David's Episcopal Church and its affiliates, volunteers, and employees of any and all claims arising from my child's or my participation in activities or as a result of injury or illness of my child or I during such activities.

I represent that I am the participant, or parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the Permission/Waiver Form and am fully aware with the contents thereof. I give permission for the child named above or I to fully participate in the activities of St. David's Episcopal Church.

Signature of Participant or Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



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