

ST. ANDREW'S ON-THE-SOUND EPISCOPAL CHURCH

**101 Airlie Road, Wilmington, NC
910-256-3034**

Permission form for Participation in the Episcopal Youth Community (EYC)

Throughout this document, "The Church" refers specifically and only to Saint Andrew's On-the-Sound Episcopal Church, 101 Airlie Road, Wilmington, NC 28403.

Permission granted in this form will cover all activities and events in the EYC programming year. The programming year runs from September 8th, 2024 thru September 8th 2025. This form will cover youth leaders and chaperones who accompany or transport students to and from the events.

Participant Information:

Name: _____ Gender: _____ Birthday: _____

T-shirt size (circle): ChildL AdultS AdultM AdultL AdultXL

Age: _____ Grade: _____

Home Address:

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

Do you want this email to be in the weekly email blast? Y or N_

Parent/Guardian Information:

Mother's Name: _____ Cell Phone: (____) _____

E-mail: _____

Do you want this email to be in the weekly email blast? Y or N _ _____

Father's Name: _____ Cell Phone: (____) _____

E-mail: _____

Do you want this email to be in the weekly email blast? Y or N _ _____

Alternate Adult Emergency Contact:

Name: _____ Cell Phone: (____) _____

Relationship to Youth: _____

Allergies &

Medications: _____

Special Dietary Needs:

Participant Agreement

Regarding Substance Abuse. I will not abuse prescription or non-prescription drugs or use tobacco, vaping, alcohol, or illegal drugs at any time I am participating in any part of an activity sponsored by The Church. Even if my parents know that I smoke, I will not smoke cigarettes or vape at the church at any time or when traveling to or from a sanctioned activity.

Regarding Sexual/Physical Boundaries. I will not use inappropriate language or inappropriate sexual behavior while participating in any activity sanctioned by The Church. I agree to stay with the group, remaining inside the boundaries defined by the adult leaders during the entire event. If a sanctioned event involves spending the night anywhere (church, paid lodging, conference center, etc.) I agree that I

will not enter the sleeping space designated for the opposite gender. All gathering will be in public spaces.

Regarding Travel. I understand that operators of any conveyance, car, bus, boat, etc., that I travel in will be operated by a licensed operator if such license is required by the state, or by a trained, competent, insured operator if licenses are not required by the state. I will obey any verbal safety instructions given me by the operator.

I agree to observe all traffic and safety regulations whether traveling under my own power or in any conveyance during an activity sanctioned by The Church. Specifically, I will wear safety gear such as seatbelt, life preserver, helmet, etc. appropriate for the activity and obey safety regulations such as crossing streets with lights instead of jaywalking, etc.

Regarding Consequences. I understand that if I choose not to comply with any of the above agreements, my parents and my priest will be notified and I will be sent home.

Adult Participants. In addition to all the items above, adults are expected to: 1) participate in all activities during the event and 2) help supervise all the youth at the event, respond to inappropriate behavior, assist in any emergency procedures regarding the youth, & provide support to other advisors.

For Image/Sound Recording. I consent to the use, by the church, of any photographs, or any visual or audio reproduction in which I may appear. I understand that these materials may be used for promotion of the youth ministry of The Church, including recruitment, fund-raising efforts; in both electronic and print formats. I will be identified by my given name only and pictures and recordings of me will not be given or sold to any other party.

Signature of Participant _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Insurance Information (Also will need a copy of the Insurance Card.)

Insurance Company: _____

Policy Number: _____

Medical and Liability Release. I understand that in the event medical intervention is needed, every attempt will be made to contact the adults listed on this form. In the event that I cannot be reached in an emergency during an activity sanctioned by The Church, I hereby give my permission to the physician selected by the adult leader to hospitalize, to secure medical treatment and/or to order injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. The accident policy of Saint Andrew's On-the-Sound Episcopal Church will be used as secondary insurance for medical expenses my family's insurance does not cover.

I understand that all reasonable safety precautions will be taken at all times by Saint Andrew's On-the-Sound Episcopal Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold The Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Parent/Guardian: _____

Date: _____

Signature of student over age 18: _____

Date: _____