



Episcopal Diocese of Southern Virginia

Youth Event Registration and Permission

Youth Name	Nickname	Age	Grade	Gender
Address	City	State	Zip	
Youth Phone	Youth Email			
Parent/Guardian Name	Relationship			
Parent/Guardian Phone	Parent/Guardian Email			
Parish Name and City	Youth Leader Name			
Event Name	Event Dates			
Event Location	Event Cost			
Diet Restrictions?	Allergies?			
Medications?	Additional Information?			

Release

I hereby grant permission for my dependent child, named as YOUTH above, to participate in the above named event. I believe that she or he is capable of participating fully without causing injury to herself/himself or to the detriment of the community. I understand that if my dependent child does not live into the Community Covenant he or she will return home at my expense and effort. I am aware that participating in this event may involve traveling by bus, plane, car or train and that drivers may be professional or approved adult leaders. I acknowledge and accept the risks inherent with the travel involved and with this knowledge in mind, grant permission for my dependent child to travel with the appointed leaders. I understand that photos and video may be taken at events sponsored by the Episcopal Diocese of Southern Virginia for publicity purposes, and I consent to the reproduction and distribution of my dependent child's likeness. I understand that every effort will be made to contact me before authorization of emergency treatment is given. In the event that I cannot be reached, or if immediate attention is required, I hereby authorize the adult leaders to appoint a licensed medical professional to provide treatment on my dependent child's behalf and I agree to assume responsibility for all medical expenses. I agree to hold harmless the Episcopal Diocese of Southern Virginia, adult leaders, event coordinators, designated medical professionals and the agents of said bodies in the event of accident or injury.

Please attach a copy of the youth's insurance information and photo ID. These documents will be destroyed shortly after each event.

Parent/Guardian Signature	Date
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Make checks payable to the *Episcopal Diocese of Southern Virginia*, Memo: *Event Name*. Please mail the completed form with payment to:

Episcopal Diocese of Southern Virginia, 11827 Canon Blvd., Suite 101, Newport News, VA 23606 or FAX: 757-595-0783