

Permission and Medical Release Form

Full Name of Participant: _____ Grade _____ M ___ F ___
Address: _____ City _____ State _____ Zip _____
Cell phone _____ E-Mail _____
Home phone _____

Parent/Guardian Name: _____ Daytime phone _____
Cell Phone _____
Evening Phone _____ E-Mail _____

I give permission for _____ to participate in the _____
_____ sponsored by the Parish of Christ the Redeemer, Pelham, New York, on _____. I give my
permission for him/her to engage in all activities except as noted on the bottom of this form. I understand that I am
responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of
the event because of unruly behavior).

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event I
cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or
treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any
licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis,
treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in
the best judgment of the physician. I am responsible for payment of all fees incurred.

I hereby indemnify, agree to hold harmless, and waive any claim against the Parish of Christ the Redeemer, Pelham, New York,
the Episcopal Diocese of New York, its members, representatives, officers, agents, employees, directors, and each of them for
any and all past, present or future loss to property, and/or bodily injury resulting from any activities engaged.

DATE _____ SIGNATURE _____ RELATIONSHIP _____

BIRTHDATE OF MINOR _____ DATE OF LAST TETANUS SHOT _____
FAMILY PHYSICIAN _____ PHONE _____
FAMILY DENTIST _____ PHONE _____
MEDICAL INSURANCE COMPANY _____ POLICY# _____
NAME OF POLICY HOLDER _____
ANY DRUG OR FOOD ALLERGIES _____
SPECIAL NEEDS (INCLUDING DIETARY) _____
IF CANNOT BE REACHED, PLEASE CONTACT _____
PHONE _____ RELATIONSHIP _____

COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

Throughout this event, I agree:

- 1) not to bring or use alcohol or any illegal, non-prescription drugs. My parent/guardian will be notified and I will be sent home at my own expense if I violate this agreement.
- 2) to respect the needs and property of others and not to participate in any inappropriate sexual or violent behavior
- 3) not to leave the event site or adult advisor without the permission of an adult advisor and
- 4) not to use any tobacco products.

I understand that these agreements are meant to make this event the best, safest and most fun possible for everyone and that if I violate any of them, the leadership team will have the authority to determine appropriate consequences. I have read and agree to live by these standards.

Participant's signature

Date