



CHRIST CHURCH

CHRIST CHURCH YOUTH REGISTRATION FORM

Event Name: _____

Event Date: _____

Event Location: _____

Participant Information:

Name: _____ Date of Birth: _____

Gender: _____ Cell Phone: _____

Email: _____ Parish/Church: _____

Parent/Guardian Information

Name: _____ Cell Phone: _____

Home Phone: _____ Email Address: _____

Street Address: _____ City: _____

THE YOUTH MEDIA AND PHOTO RELEASE AGREEMENT

The undersigned participant does agree to grant Christ Church, Exeter permission to record on film, video tape or audio tape his or her participation at the youth event. He or she further agrees that any or all of the material recorded may be used in any form, as part of any future production(s) made by Christ Church and that such use shall be without payment of fees, royalties, special credit or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

I agree to the Youth Media and Photo Release: Yes _____ No _____

TRANSPORTATION RELEASE AGREEMENT

I grant the undersigned participant permission to be transported by drivers in compliance with Safe Church Policy in the Episcopal Diocese of New Hampshire to or from programs related to Christ Church, Exeter.

The undersigned parent agrees to identify and hold harmless Christ Church, Exeter and the Episcopal Diocese of New Hampshire or any of its Advisors from any claim for damages resulting to my child, unless said injuries were proven to be the result of the negligence of Christ Church, Exeter, the Episcopal Diocese of New Hampshire or its Advisors or agents.

Furthermore, I agree to allow my child to receive medical treatment that might result from injuries received, providing such treatment is advised by a licensed physician. I accept full responsibility for all cost of such emergency treatment.

I agree to the Transportation Release Agreement: Yes _____ No _____

CHRIST CHURCH EYC COVENANT

We the youth of Christ Church Exeter want and commit to creating an Episcopal Youth Community that is: safe, trustworthy, judgment free, fun, confidential, happy, open, loving, respectful, supportive, drama free, an exciting time away from the pressures of the world, a space where kindness is valued, and a place where we can be exactly who we are.

We are going to create this community by committing to the following actions:

We will not be rude to one another; we will not start drama; we will not gossip about each other; we will not judge others; we will be honest with one another in a kind way; we will be open to new ideas and be willing to share our own; we will seek to give each other good advice; we will strive to have a good attitude; we will realize that everyone thinks differently and will accept the opinions of others; we will be kind to one another; we will accept one another for who each of us is, realizing that we are asking others to do the same; we will learn to forgive one another; we will respect each other; we will listen to one another; we will go to Sarah Watts or another adult, and not each other, if we have a concern or issue with another person in EYC; we will commit to learning about each other.

I agree to the Christ Church EYC Covenant: Yes _____ No _____

EYC PARTICIPATION GUIDELINES

Furthermore, throughout the event, I agree:

1. To inform the Assistant for Ministry Development or the Adult in charge of any prescription drugs use
2. To respect the needs and property of others; and not to participate in any inappropriate sexual or violent behavior
3. To participate in all scheduled activities including community chores, and not to leave the grounds without the permission of an adult advisor
4. Not to bring or use illegally controlled substances, including drugs and alcoholic beverages
5. Not to possess or use tobacco or any tobacco product, including cigarettes
6. To try to have fun!
7. I understand that my parent/guardian will be notified and I will automatically be sent home at my own expense if I violate the above guidelines

I understand that the above EYC Covenants and Participation Guidelines are designed to make the youth event the best and safest event possible for everyone and that if I violate any of these agreements the leadership team, including the Assistant for Ministry Development and Coordination, will have the authority to determine appropriate consequences.

I agree to the EYC Participation Guidelines: Yes _____ No _____

I have read the above and agree to live by these standards throughout the youth event and furthermore agree to the Youth Media and Photo Release and Transportation Release Form.

Participant's Signature, Date

Parent/Guardian's Signature, Date

**Almighty God, giver of life and sustainer of all that is good, we ask you to bless our community. Give us grace in our interactions with each other and understanding and patience as we enter into deeper relationships with one another, that your light and love may shine forth in our community and that by knowing each other better we may come to know you better. Send forth upon us the Spirit of love, that in companionship with one another your abounding grace may increase among us; through Jesus Christ our Lord.
Amen.**

CHRIST CHURCH MEDICAL RELEASE FORM

_____ (*Full name of minor*) has my permission to attend the youth event with Christ Church, Exeter. I understand that the event will be under the supervision and direction of adult leaders and sponsors approved by the Episcopal Diocese of New Hampshire. I waive any claim against the Diocese of New Hampshire and Christ Church, Exeter and its approved leaders or sponsors. In case of medical emergency, I understand every reasonable effort will be made to contact me. If I/we cannot be reached, I/we the parent(s) or legal guardian(s) of _____, a minor, hereby authorize and consent to the physician selected by the approved leader, sponsor or chaperone to hospitalize and select proper treatment including but not limited to injection, anesthesia or surgery for my child.

Date _____ Signature _____ Relationship _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Insurance Company: _____ Phone: _____

Name of Policyholder: _____ Policy #: _____

Please attach a copy of participant's medical card, if available

Drug or food allergies: _____

Treatment for the above allergies: _____

Medications with dosage and frequency: _____

Special Needs (including dietary): _____

Emergency Contact Information

If I cannot be reached, contact: _____

Phone: _____ Relationship: _____

Second emergency contact: _____

Phone: _____ Relationship: _____

4/10/2014