

# Chapel of the Cross EYC

Spring-Summer 2022

## *Participant Agreement and Release Form*

### **Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

### **Medical Information**

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Physical, medical or dietary restrictions: \_\_\_\_\_  
\_\_\_\_\_

Routine medications: *(please include dosage and times taken)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_  
\_\_\_\_\_

Last tetanus immunization/booster? *(MUST BE CURRENT)* \_\_\_\_\_ / \_\_\_\_\_

Can be given over-the-counter medications by adult sponsor? *(please circle)* YES or NO

*(continued)*

### **Emergency Information**

Custodial Parent/Guardian Full Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Emergency Contact Full Name:** \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

### **Insurance Information**

Participant's Full Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy Name: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **PERMISSION AND MEDICAL RELEASE**

**My child,** \_\_\_\_\_, has my permission to attend and participate in events sponsored by the Chapel of the Cross. I present that my child is healthy and capable of participation in said event without causing risk of danger, illness or accident to him or herself, or to others.

I agree to hold harmless the leaders of the host church, the leaders of other churches involved, the coordinators of this event, the Bishop of Mississippi and the Diocese of Mississippi in the event of any accident or injury.

I declare my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered by insurance or not. PLEASE NOTE THAT Chapel of the Cross as named above DOES NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS.

In the event that my child requires medical or dental attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be reached, I consent to any medical attention deemed appropriate. In the event treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make contact. In the event it is necessary for that person to give consent, I agree to hold such a person free and harmless of any liability for damages arising from giving such consent.

**Custodial Parent/Guardian Name Printed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **Photo/Video Release**

I hereby grant Chapel of the Cross permission to use my likeness in a photograph or video in any and all publications, including website entries, without payment or any other consideration. I further understand and

agree that these materials shall become the property of Chapel of the Cross and will not be returned to me. I hereby authorize Chapel of the Cross to edit, alter, copy, exhibit, publish or distribute such photo or video for purposes of publicizing Chapel of the Cross programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I waive any right to royalties or other compensation arising or related to the use of such photograph or video.

**Custodial Parent/Guardian Name Printed:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## **Community Covenant for Event Participants**

**PRESCRIPTION AND OVER THE COUNTER MEDICINES:** All prescription and over the counter medicine must be turned in to the medical staff member or a designated adult. Prescribed medication will be distributed according to the doctor's prescription by a medical staff member or designated adult. Rescue medicines, including epipens and inhalers, may be kept by participants.

**TOBACCO USE:** Possession or use of any tobacco products or "vape pens" is not permitted.

**DRUGS AND ALCOHOL:** Possession or use of alcohol or illegal drugs is not permitted.

**SEXUAL ACTIVITY:** Sexual activity or behavior is not permitted. Viewing of pornography is not permitted.

**WEAPONS AND FIREWORKS:** Fireworks, firearms, knives or any other weapons are not permitted.

**VULGAR OR BULLYING BEHAVIOR:** anyone may be sent home for use of vulgar language, activities, or behavior deemed inappropriate or harmful to others.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**