

Name: _____

Date: _____

Connect Participant Info

Full/legal name: _____

What we call you: _____

Home address: _____

School and grade: _____

Parish affiliation: _____

Year you joined Connect: _____

My cell phone: _____ (area code!)

My email address: _____

Do you live at a second address, also? _____ with?

Home phone: _____ (area code!)

Other activities: _____

Are you a parent? _____

Obstacles to participating? _____

What is your relationship to Christianity and the Episcopal Church? Were you raised in the church? Do you go to church now? (there are no wrong answers)

Share three fun/interesting facts about yourself that you'd like us to know:

1. _____

2. _____

3. _____

Name: _____

Date: _____

Health Information

This information is not intended to bar anyone from participation! We want to make sure that we are providing the safest and best possible program for all of our participants. Please be honest! :)

Gender: _____

Birthday: _____ age today: _____

Will you be age 18+ during this school year? _____

Drug allergies: _____

Food allergies: _____

Food restrictions: _____

Special needs: _____

(give details!) _____

Physician info: _____

Insurance info: _____

Other info: _____

Emergency Contact Information

Contact Name: _____

Relationship to you: _____ *A legal guardian?* _____

Phone number(s): _____ *(Area code!!)*

Email address: _____

Home address: *(same as yours?)* _____

Language(s) spoken: _____

Name: _____

Date: _____

Medical Release

I, _____, give my free, prior, and informed consent for my child,

_____, to participate in the Connect: Mid-Hudson Regional Episcopal Youth Group, coordinated by the Rev. Megan Sanders of St. Paul's Episcopal Church in Pleasant Valley, New York.

In the event of a medical emergency, reasonable effort will be made by the staff to contact me. If I cannot be successfully reached, I hereby authorize Megan Sanders, Alison Quin, Abby Nathanson, John and Lisa Lacey, Dewy Clark, and St. Paul's PV / St. Paul's POK / Christ the King Stone Ridge / Grace Church Millbrook to act on my behalf to protect the health and safety of my child. I consent to any hospital or medical facility for diagnosis and treatment. I request and authorize any examination, 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 or medical facility. 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 agree to the administration of non-prescription medication as deemed appropriate by staff in non-life-threatening situations, such as anti-inflammatories for headaches. I agree to emergency first aid by trained staff.

I hereby indemnify, agree to hold harmless, and waive any claim against St. Paul's Church, 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. I also certify to the best of my knowledge that my child is physically fit to engage in the activities involved. I certify that all of the attached health and emergency contact information is complete and accurate and I will notify the Rev. Megan Sanders in writing via email in advance of any changes. I give permission for my child to ride in Connect program or volunteers' vehicles, driven by volunteer, intern, or staff drivers.

I understand and agree that this document will be kept in the possession of an authorized adult staff member and that reasonable care will be taken to keep this information confidential. I agree to allow the authorized adult staff member to release this information in the event of a medical emergency to a third party medical provider or facility.

Guardian Name and Phone: _____

Guardian Signature and Date: _____

Name: _____

Date: _____

Waiver of Liability

I, _____, give my free, prior, and informed consent for my student,

_____ to participate in the Connect Program coordinated by the Rev. Megan Sanders of St. Paul's Episcopal Church in Pleasant Valley, New York.

While youth are always responsible for their own behavior, I understand that I remain legally liable for any actions or damages made by my child or ward.

I hereby indemnify, agree to hold harmless, and waive any claim against the Episcopal Churches in Pleasant Valley, Poughkeepsie, Millbrook, Dover, and Stone Ridge, and 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 injury resulting from any activities associated with Connect.

Guardian Name and Phone: _____

Guardian Signature and Date: _____

Member Name and Phone: _____

Member Signature and Date: _____

Name: _____

Date: _____

Household Contact Information

Person #1

Name: _____

Relationship to you and age: _____

Do they live with you? _____ (if not, where?)

Cell phone: _____ (area code!)

Do they text? _____

Other phone: _____ (work, home?)

Email address: _____

Other info we should know: _____

Person #2

Name: _____

Relationship to you and age: _____

Do they live with you? _____ (if not, where?)

Cell phone: _____ (area code!)

Do they text? _____

Other phone: _____ (what is it?)

Email address: _____

Other info we should know: _____