

**Youth Group Registration Form and General Permission 2016-17
Parent Permission/Transportation/Medical Authorization
St. Gabriel the Archangel Episcopal Church**

I, _____ the parent or legal guardian of _____ give him/her permission to attend and participate in activities sponsored by the youth ministry group of St. Gabriel the Archangel Episcopal Church, 17435 NW West Union Road, Portland Or 97229, 503-645-0744.

I authorize the youth leaders, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted to while attending and participating in this event.

I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adults in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at the event.

I will assume all transportation costs for the youth if problems occur during this event. I will take no civil action or legal action against the adults in charge of the events of St. Gabriel the Archangel Episcopal Church for normal care of the minor in their charge.

Parents of minors are responsible for informing and enforcing the church's photo policy: If youth take their own photos or videos with a camera, tablet or private cell phone in the classroom, on a field trip or gathering they will not use them for public content without consent of the adults and/or the parents/guardians of the children and youth under 18 included in the photo or video.

Youth Name _____

School _____ B-Day _____ Age _____ Grade _____

Address _____ City/Zip _____

Youth contact email _____

Youth cell phone # _____ Home phone _____

Health Insurance _____ Policy # _____

Health Concerns (medication, allergies) _____

Parent Name 1 _____

Work Phone # _____ Cell Phone # _____

Parent Name 2 _____

Work Phone # _____ Cell Phone # _____

Parent contact email _____

Parent Signature _____

YOUTH LEADER: MAKE ONE COPY FOR FILES AND CARRY ONE DURING TRANSPORT.

NOTE: PLEASE SIGN PHOTO PERMISSION FORM ON THE BACK

Permission for Photography/Use of Photos



I grant to St. Gabriel the Archangel Episcopal Church in Portland, Oregon, its representatives and employees the right to take photographs of me, my spouse, my minor child(ren) and my property in church settings including worship services, fellowship events, Vacation Bible School, youth outings, service projects and the like.

I authorize St. Gabriel Episcopal Church , its assigns and transferees to copyright, use and publish the same in print and/or electronically. Typical use would be the Messenger church newsletter, bulletin board displays, informational pamphlets, our website and facebook page.

I agree that St. Gabriel Episcopal Church and School may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Children under 18 years old will not have their names printed on public social media posts.

I have read and understand the above:

Signature _____

Printed name _____

If under 18, name(s) of children _____

Date _____