

**The Episcopal Diocese of East Carolina - Permission to Participate, Community Covenant, Medical & Photo Release Form**

*Participating in a Diocesan Youth Event is a privilege as is living in Christian Community. To maintain the integrity of programs and continue this privilege, young people choosing to participate, along with their parents/legal guardian need to read all accompanying information. Please contact Emily Gowdy Canady, Program Officer for Youth, Campus, and Young Adult Ministries 252-522-0885, ext. 226 or egowdycanady@diocese-eastcarolina.org*

**Non-Negotiable Rules**

Choosing to break any one of the rules listed in this section will result in IMMEDIATE removal from the community & being sent home as expeditiously as possible at your own expense.

1. Using, possessing or arriving under the influence of illegal drugs, prescription drugs not prescribed to you, alcohol, ecigarettes or vaporizing cigarettes, or tobacco products of any kind.
2. Inappropriate sexual behavior
3. Possession of firearms, knives, fireworks, other explosives or any other kind of weapon
4. Possession of live animals
5. Unauthorized use or mistreatment/destruction of the facilities/grounds or event site, housing locations, or any other area that is part of youth events.
6. Leaving the designated areas or grounds without permission.

**Christian Community Expectations**

Repeated violations of these expectations may result in removal from the community & being sent home. The Program Officer/Event Coordinator will determine consequences:

1. Treat others as you would like to be treated,
2. Arrive on time and will stay for the entire event. Be on time to all activities during the event, including ALL meals. Abide by curfews, quiet times & all boundaries.
3. Guests are not permitted at any point during the event.
4. All participants are required to have signed & completed medical forms on file to participate in the event.
5. Cars must be parked in the designated area and must be locked for the duration of the event . Youth may not visit their car without permission The Program Officer/Event Coordinator.

**Use of Technology** - Young People will be permitted to have Cell Phones during March for Our Lives. Phone use will be limited during program and processing times. While young people will be able to have their cell phones **PLEASE BE AWARE** that service before, during and just after the March will be spotty at best. **YOU MAY NOT BE ABLE TO REACH YOUR CHILD.** Participants will communicate using their cell phones during the March as they are able.

*NOTE: The Diocese of East Carolina is not responsible for lost, stolen or damaged items.*

**Youth Signature Section**

I, \_\_\_\_\_, as a participant in **March for Our Lives** have read the accompanying Community Covenant including: the Non-Negotiable Regulations, the Christian Community Expectations, and the Use of Technology. By signing below I acknowledge, understand and accept the consequences should I choose to break any portion of this Community Covenant.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature Section**

**Photography/Media Release**

The Diocese takes photographs at all events. As a result your young person may be photographed and appear in Diocesan publications or on the Diocesan website for publicity purposes. Some photographs may be identified by name. Below, please circle "Yes" if you are giving the Diocese permission to publish a photograph of your young person. Please circle "No" if you do not want your young person's photograph published.

YES NO

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, give my permission for my child to participate in **Youth@Convention** sponsored by the Episcopal Diocese of East Carolina. I have read and discussed with my young person the accompanying Community Covenant including: the Non-Negotiable Rules, the Christian Community Expectations, and the Technology Agreement. I have also read and understand the Photograph Release. My choice regarding the photo release is circled above. By signing below I give permission for my young person to participate in **Youth@Convention** and I acknowledge, understand and accept the consequences, including any financial responsibility, should my child choose to break any portion of this Community Covenant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Usage and Health Information You MUST sign this section.**

**REQUIRED INFORMATION**

Date of last Tetanus shot/booster: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical Insurance Information - Please include a front and back copy of your insurance card(s) if you would like insurance used in case of medical emergency.**

Please list any necessary medical/health information (ex: drug allergies): \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of: \_\_\_\_\_ authorize, by signing below, the use of this information in case of a medical emergency involving my youth by The Diocese of East Carolina employees, volunteers, and agents. I agree to be financially responsible for all costs incurred, regardless of whether medical insurance coverage information is provided.

Please list all regularly taken medications & dosage: \_\_\_\_\_

Other information about you that would be helpful for us to know: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_