



## **PARTICIPANT INFORMATION FORM**

### **Including Medical and Emergency Contact Information and Release and Publicity Release and Consent**

**July 1, 20\_\_ through June 30, 20\_\_**

*All information herein is held in confidence  
and will not be released without prior permission by signee(s).*

It is my understanding that participating in the programs and activities of St. Sanctuary Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with some activities, including physical injury, illness, death or other risks inherent in these activities of which I may not be presently aware.

*Please Print Clearly.*

#### **General Information**

Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Mobile Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

#### **Medical History**

Please list all limitations, past hospitalizations, allergies, and/or serious illnesses: .

\_\_\_\_\_

Regular medications: \_\_\_\_\_

Last tetanus shot: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Food Restrictions: \_\_\_\_\_

My son/daughter may be given *(circle all that apply)*:

Tylenol Advil Sudafed Cough Drop Antacid

Asthma Diagnosis (Year): \_\_\_\_\_ Last Attack (Year): \_\_\_\_\_

Hospitalization: Yes / No

Please list triggers for attacks: \_\_\_\_\_

**Other Information**

Please list any other information church leaders should know about the participant:

\_\_\_\_\_

**In Case of Emergency**

**[Day time]**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Alt Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**[Evening]**

Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_\_ Alt Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

**[Physician]**

Physician's Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

## Parent/Guardian Permission for Care & Treatment of Minor or Dependent Adult

As parent(s)/guardian(s) of \_\_\_\_\_,  
I/we hereby grant permission and empower the staff of St. Sanctuary Church, its pastors, staff, counselors, advisors, and/or agents, to make any necessary decisions involving the above said child, youth or dependent in case of emergency. In no event will the regional judicatory, denomination, its pastors, staff, counselors, advisors, and/or agents be held liable for any first-aid rendered, treatment, drugs, medicine, or surgical procedures performed pursuant to this consent. I agree to pay for any expenses incurred for any action to obtain medical treatment. In the event of emergency, every effort will be made to contact the parent(s)/guardian(s) before any medical services may be rendered, aside from the administration of general first-aid. Copies of this form made by the staff of St. Sanctuary will be considered as an original giving my permission for attending physician(s) and other medical personnel to administer any needed medical treatment.

### Publicity Release and Consent

On occasion St. Sanctuary Church takes photographs or makes audio or videotape recording of children and/or adults involved in church activities. Such photographs, audio, or video records may be used by staff and participants to remember the activities and the participants. In addition, such photographs and audio/visual recordings may be used in St. Sanctuary's newsletter *The Overlook*, other publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features.

I (circle one) *consent* or *do not consent*  
to the use of any such audio or visual record of the child name above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

### Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that I (if I am a participant) am or the minor named above is capable of withstanding both the physical and mental demands of routine church activities and those for which I give special permission (off-site or overnights). I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release St. Sanctuary Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the church activities and programs. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. (Lawyers recommend adding: This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against St. Sanctuary Church or its ministers, leaders, employees, volunteers, or agents.)

**This Medical and Emergency Contact Information and Publicity Authorization  
will be in effect July 1, 20\_\_, to June 30, 20\_\_  
(both parents/guardians must sign if applicable)**

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**Signature**

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**Date**

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**Name Printed**

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**Signature**

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**Date**

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**Name Printed**

**Young Person's Agreement**

I agree to participate in the functions and activities of St. Sanctuary Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

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**Signature**

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**Date**

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**Name Printed**