

Sunday School Registration and Youth Programs Permission Form

Greetings, and welcome to St. Mark's Christian education and youth programs. We are excited that your child will be joining us for class and youth events during the 2011-2012 year, and we hope he or she will have meaningful and enriching experiences throughout the year.

We value the safety of all children and youth in the St. Mark's community and ask that you please fill out the attached form prior to your child participating in St. Mark's events. This form will be used as permission for **all youth activities** conducted by St. Mark's Episcopal Church, from September 2011 through August 2012, whether on or off church property, including but not limited to Nursery, Sunday School, youth group activities, and overnight retreats. We appreciate your understanding that the details provided allow us to respond appropriately in case of a health emergency. We encourage you to share the level of information you deem necessary for volunteers and staff to act with accountability in whichever circumstance requires such action. If you conclude that you would prefer to leave a section incomplete, please initial and date the incomplete areas. If you list medical concerns for your child, it is important that you also speak directly with teachers and youth leaders about important medical information, such as food and medical allergies.

In keeping with the Episcopal Diocese of Washington's standards we want to remind you that parents and guardians will be provided with written details of any off-property activities, including description of activities, the names of adult leaders, contact information, and anticipated costs. All adults working with children are required to obtain the Diocesan training "Safeguarding God's Children." Since our program is volunteer based, we hope that you will also take the course so that we may call on you to substitute for leaders and share in the nursery care when providers are unavailable. Diocesan standards mandate that classes must always have two leaders in the room at the same time so that children are not alone with only one adult. Also, please note that it is very important that you remain on church grounds while your child is in Sunday School or the nursery so that we can quickly contact you in the event of an emergency.

This year, Catechesis begins on **September 11**, with Middle School and High School Sunday School beginning on **September 25** and running through May 20 with the exception of **Nov. 27, Dec. 25, Jan 1, and Jan 8**. We encourage you to introduce yourselves to your child's Sunday School teachers at the beginning of the year and express any questions or concerns to the teachers, their supervisor, &/or the Co-directors.

With great anticipation, we look forward to the Christian education classes and youth programs scheduled for this year. These events are fundamental in building an intergenerational community of support in our search for meaning and belonging. The shared learning of lore with peers and leaders, relating our stories to the Christian story, and finding new friends and shared interests all contribute to a strong and dynamic faith community. We hope these experiences bring a new richness to discussions about religion and the meaning of church to your family.

Marcella Gillis
Director of Youth Ministries

Will Long, Penny Farley, Katherine Loevinger, Bobbi Smith, Rita Ossolinski, Don Ellison
Christian Education Co-Directors

ST. MARK'S EPISCOPAL CHURCH
3rd & A Streets, SE Washington, DC 20003 202-543-0053

NURSERY, SUNDAY SCHOOL, AND YOUTH ACTIVITY

PERMISSION AND RELEASE FORM

(Applicable for 12-month period beginning September 1, 2011)

Youth Member

Name _____ M F Age ____ Grade ____
Date of Birth _____ School _____
Address _____ City _____ State ____ Zip _____

Parent / Guardian

A.) Name _____	B.) Name _____
Address (if different from above) _____ _____	Address (if different from above) _____ _____
Home Phone _____	Home Phone (if different from parent A) _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
E-Mail _____	E-Mail _____

Emergency Contacts

Name _____	Name _____
Home Phone _____	Home Phone _____
E Mail _____	E Mail _____
Relationship _____	Relationship _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____

Medical Contacts

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Insurance Company _____ Phone _____

Subscriber's Name _____ Policy # _____

Preferred Hospital _____

For off-site and overnight retreats, please include a photocopy of the subscriber's insurance card

Special Needs, Conditions, Limitations

Medications: *Please list any prescription or over-the-counter medications taken on a regular basis and, if appropriate, specific circumstances for which they might be required. Continue on back if necessary.*

Date of Last Tetanus Shot _____

Medical Allergies _____

Other Allergies (bites, stings, food, etc.) _____

Dietary Restrictions _____

Special Needs: *Please describe any medical, physical, or emotional conditions which may impact or limit the ability of this young person to participate fully in any activities or any special needs which must be considered to ensure this young person has a positive experience participating in group activities. Also list any medical conditions of the child such as asthma, diabetes, or epilepsy that may require emergency attention prior to establishing contact with your medical and emergency contacts.*

Photography Permission

In the course of St. Mark's youth events and activities, photographs and / or video photography may be taken by leaders and/or participants for use in the promotion of St. Mark's youth activities and programs within the community. These photographs may be posted on the bulletin boards or the St. Mark's website, published in *The Gospel* or *Windows* (the diocesan newsletter), or shown to St. Mark's audiences. It is the policy of the Episcopal Diocese of Washington not to print the individual names of minors.

_____ Photographs of my child may be used.

_____ Photographs of my child may *not* be used.

RELEASE FROM LIABILITY

The Undersigned Parent(s) or Legal Guardian(s) of _____, a minor child, do hereby grant permission for the said child to attend, engage, and actively participate in any and all of the various activities sponsored by St. Mark’s Episcopal Church for the Nursery, Sunday School and Youth Programs, including travel in church and/or personal vans or automobiles driven by adult leaders and supervisors.

This consent also includes specific authorization for any of the adult activity leaders (staff or volunteer) to:

1. make medical decisions with respect to said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision;
2. obtain and consent to medical treatment including, but not limited to, admission to a hospital, administration of medication and/or anesthetics, blood transfusions, surgery, and dental work of any kind; and/or
3. administer medication when required.

I / We verify that:

1. notice of this child’s medical conditions, medications, or any other special needs which may require the leaders’ attention have been provided on this form;
2. this child is enrolled in a medical insurance program which will cover his or her medical expenses both within the U.S. and overseas, and that any medical expenses not so covered will be solely the responsibility of the parent(s) or legal guardian(s);
3. the parent(s) or legal guardian(s) will bear full legal and financial responsibility for this child, including, but not limited to the obligation to pay for any debts he or she may incur, damage to property caused by this child, and separate transportation home in the event it becomes necessary.

I / we further verify that I / we will support the rules and boundaries set by the teachers and youth leaders who work with our child on behalf of St Mark’s.

I / we recognize that certain activities and travel of any kind involves some risk, and hereby indemnify, agree to hold harmless and to release the Episcopal Diocese of Washington, St. Mark's Episcopal Church, its members, officers, employees, representatives, and agents including any and all volunteer leaders, and each of them, from any liability for any and all past, present or future claims or causes of action for personal or bodily injury or property loss arising out of any St. Mark’s sponsored youth activities that are not due to the negligence of St. Mark’s staff or volunteer leaders.

Signature of Parent / Guardian

Signature of Parent / Guardian

Name of Parent / Guardian

Name of Parent / Guardian

Date Signed

Date Signed