



**St. Paul's Episcopal Church**  
**188 S. Swinton Ave., Delray Beach, Fl 33444**  
**561-276-4541**

**Permission form for Rite 13 and J2A**

Throughout this document, "The Church" refers specifically and only to St. Paul's Episcopal Church  
188 S. Swinton Ave., Delray Beach, Fl 33444

Permission granted in this form will cover any time Church School students or Youth Group members gather on St. Paul's campus, leave the campus, or meet elsewhere for any parish sanctioned event during the program year 2010-2011. Diocesan events will require their own forms, but this form will cover youth leaders who accompany or transport students to and from the events. While formal programming stops in May of 2011, there may be summer youth group events that will be covered by this form until classes begin in September, 2011.

**Participant Information**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

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

Number & Street      City, State, Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_

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

Number & Street      City, State, Zip

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Alternate Adult Contact**

Name(s): \_\_\_\_\_

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

Number & Street      City, State, Zip

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

**Participant Agreement**

**Regarding Substance Abuse.** I will not abuse prescription or non-prescription drugs or use tobacco, alcohol, or illegal drugs at any time I am participating in any part of an activity sponsored by The Church. Even if my parents know that I smoke I will not smoke cigarettes at the church at any time or when traveling to or from a sanctioned activity.

**Regarding Sexual/Physical Boundaries** I will not use inappropriate language or inappropriate sexual behavior while participating in any activity sanctioned by The Church. I agree to stay with the group, remaining inside the boundaries defined by the adult leaders during the entire event. If a sanctioned event involves spending the night anywhere (church, paid lodging, or a group member’s home) I agree that I will not enter the sleeping space designated for the opposite gender after evening curfew.

**Regarding Travel.** I understand that operators of any conveyance, car, bus, boat, etc., that I travel in will be operated by a licensed operator if such license is required by the state, or by a trained, competent, insured operator if licenses are not required by the state. I will obey any verbal safety instructions given me by the operator.

I agree to observe all traffic and safety regulations whether traveling under my own power or in any conveyance during an activity sanctioned by The Church. Specifically, I will wear safety gear such as seatbelt, life preserver, helmet, etc. appropriate for the activity and obey safety regulations such as crossing streets with the lights instead of jaywalking, etc.

**Regarding Consequences.** I understand that if I choose not to comply with any of the above agreements, my parents and my priest will be notified and I will be sent home.

**For Image/Sound Recording.** I consent to the use, by the church, of any photographs, or any visual or audio reproduction in which I may appear. I understand that these materials may be used for promotion of the youth ministry of The Church, including recruitment and fund-raising efforts. I will be identified by my given name only and pictures and recordings of me will not be given or sold to any other party.

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

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

**Parent/Guardian Agreement**

**Medical and Liability Release.** I understand that in the event medical intervention is needed, every attempt will be made to contact the adults listed on this form. In the event that I cannot be reached in an emergency during an activity sanctioned by the Sunday School or Youth Group of The Church, I hereby give my permission to the physician selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. The accident policy of St. Paul’s Episcopal Church will be used as secondary insurance for medical expenses my family’s insurance does not cover.

I understand that all reasonable safety precautions will be taken at all times by St. Paul’s Episcopal Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold ST. Paul’s Episcopal Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

Signature of student over age 18: \_\_\_\_\_ Date: \_\_\_\_\_