

Adult Participant Information & Medical Release Form
St. Joseph's Episcopal Church [eff. 1/08-1/09]
REQUIRED BEFORE PARTICIPATION IN YOUTH GATHERINGS
Participant Information

Last Name	First Name	Middle Initial	Prefers to be Called
Male/Female	Date of Birth	Home Phone	Cell Phone
Address	City	State	Zip

If you are over 18, have you completed the Child Sexual Abuse Prevention Class?

YES ___ NO ___

If not please speak with St. Joseph's Episcopal Church's Youth Minister.

Emergency Information for Adult Participants/Leaders

Person to contact in case of emergency

Relationship to You

Address

City

State

Zip

Home phone (with area code)

Work phone (with area code)

Cell Phone (with area code)

Medical / health insurance company

Insurance policy no.

Phone number w/area code

Allergies / allergic reactions to

Please list all medications being taken by you at this moment.

Please list any other information regarding your health that a doctor should know.

ST. JOSEPH'S EPISCOPAL YOUTH AND ADULT COMMUNITY COVENANT

Please read the agreement below. Your signature is needed to validate the agreement. It commits you to the guidelines for St. Joseph's Youth Community and makes you subject to logical consequences should you choose not to live up to this agreement. These are Non-negotiable. Failure to comply will result in your removal from the described activity.

ALL PERSONS ATTENDING WILL....

1. Participate fully in all community activities (work details, worship, small group times, workshops, plenary sessions, meals and all other activities).
2. Comply with the quiet time and lights out time.
3. Respect and care for all of the facilities that are being used.
4. Respect the dignity and feelings of all persons at this event.
5. Respect the property of all persons at this event.
6. Not possess or use tobacco products, alcohol, illegal controlled substances, weapons, fireworks.
7. Not engage in sexual activities.
8. Not leave the group without notification and permission of an adult sponsor.

My signature below signifies that I agree to abide by the above Diocesan Youth & Adult Community Covenant.

Your Signature: _____ Date: _____