

l,	, the undersigned parent or legal guardian, give
my youth, _	, permission to attend youth events
hosted by S	it. Peter's Episcopal Youth for the 2025-26 year and agree to the following:
<ul><li>My you</li></ul>	th may attend events that are at St. Peter's Episcopal Church and off campus (I).
<ul> <li>My you</li> </ul>	th has my permission to be transported to and from events that are not on St. Peter's
campus	in vehicles driven by adult chaperones (I).
• I hereby	release and hold harmless St. Peter's Episcopal Church and the adult chaperones from any
liability	connected with the events of St. Peter's Episcopal Youth, both on and off campus (I)
• I will dr	op off and pick up my youth at the trip's predesignated times and locations (I).
• If I am u	unreachable, St. Peter's has permission to call the emergency contact listed (I).
• In the c	ase of lengthy or overnight events, I agree to send medications with my youth, and to give
them to	an adult chaperone, with proper instructions (I).
• In case	of an emergency, I give my permission for an adult chaperone to seek appropriate medical
attentio	on for my youth, including hospital visits, with the insurance information provided. I authorize
any lice	nsed medical practitioners to perform such medical procedures as they deem prudent under
the circ	umstances (I).
<ul> <li>Additio</li> </ul>	nally, I give permission for my youth to receive basic over the counter medications, such as
allergy	medicine and pain relievers, to address non-emergency health situations (I).
• I under	stand that if my youth does not respect established guidelines for events, I may be expected
to pick	up my youth before the event's designated end time (I).
• St. Pete	r's has my permission to contact my youth in the following ways:
Call:	(I) Group Me (group based message app): (I) Email: (I)
Parent/Gua	ordian Signature: Date:



# **Emergency Information**

Name of Parent/Guardian:			
Address:			
Cell Phone:	Email:		
Name of Youth:			
Date of Birth:	Age:	Grade:	
Name of Youth:			
Date of Birth:	Age:	Grade:	
Primary Emergency Contact:			
Relationship to Youth (must be	someone other than a parent	or legal guardian):	
Phone Number			



Are there any medical conditions (learning/social disabilities, epilepsy, asthma, diabetes, travel sickness
etc.) of which we should be aware that have not already been mentioned?
Medications:
Food Allergies:
Other Allergies:
Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.
Additional Comments:



#### Release for Use of Photographs and Video Imaging

I hereby authorize St. Peter's Episcopal Church to publish photographs and video images taken of my minor youth during 2025 - 2026 academic year for use in St. Peter's Church publications (including bulletins, electronic and print newsletters, brochures, directories, informational displays, blogs, and special projects) and on the parish website.

I understand that individuals will not be identified by name in the photos posted online, and that St.

Peter's Church will remove a photo from the website upon request of a person depicted in the photo.

I further understand that use of my youth's image and likeness in a photograph or other digital reproduction will be without payment or any other consideration.

Please list all youth for release of photographs below:

Parent/Guardian Signature:	 Date:	



Youth Participation Agreement	
I,, the undersigned, agree to follow rules and guidelines es	stablished at
events hosted by St. Peter's Episcopal Youth for the 2025-2026 program year, both on S	t. Peter's
grounds and off campus.	
I agree to respect the physical spaces in which all events are hosted (I).	
I agree to respect the personal space and feelings of all youth and adult participants at e	events (I)
I will refrain from using offensive language or saying things that might harm others	(I).
I understand that if I bring alcohol, drugs, weapons, or any other harmful items to an evitems will be confiscated, not returned (if illegal), and I may be asked to leave the event	
I agree to seek the Christ in all others and to bring my best attitude to all events	(1).
I agree to be fully present and ready for a good time (I).	
Youth Signature:Date:	
Parent/Guardian Signature: Date:	