

**St. John in the Wilderness Episcopal Church
Children's and Youth Ministry
Rally Day Flotilla Permission Form**

I/we, the parent/guardian of _____, understand that they will be participating in the following Youth Ministry event through St. John in the Wilderness Episcopal Church: **Rally Day Flotilla on Sunday, Sept 13, 2020**

I/we understand that all reasonable safeguards will be taken but that St. John in the Wilderness Episcopal Church, the Episcopal Diocese of Minnesota, and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I/we hereby authorize and consent to, in advance of any specific diagnosis, the rendering of care and/or treatment deemed advisable in the best judgment of licensed medical personnel.

Parent/Guardian Signature: _____ Date: _____

Please contact Carrie Thomas, Director of Youth & Young Adult Ministries, with any questions at youth@stjohnwilderness or 612-221-1614

1. Name (First & Last) _____ Nickname _____

Birth Date _____ **Age** ____ **F/M/X** ____ **Grade** ____

Medical / Allergy / Diet / Learning special needs information:

HOUSEHOLD INFORMATION

Home Address _____ **City** _____ **Zip** _____

Parent e-mail _____ **Youth e-mail** _____

Name of Parent(s)/Guardian(s) _____

(Person bringing Child/Youth to worship & events) _____

Please indicate which is your preferred phone number:

Home Phone (_____) _____ - _____ **Cell Phone** (_____) _____ - _____

Cell Phone (_____) _____ - _____ **Youth Phone** (_____) _____ - _____

Participant Name _____

Medical Insurance Company _____

Policy/Member Number _____

Additional Emergency Contact _____ ph: (____) _____ - _____

Media Release:

On behalf of _____, _____, _____, _____ minor child, the undersigned parent/guardian does agree to grant St. John in the Wilderness Episcopal Church permission to record the participant child, on video or pictures, in youth events throughout the year. The parent/guardian further agrees that any or all the material recorded maybe used by or for St. John's or the Episcopal Church in Minnesota and that such use shall be without payment of fees or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

Parent/Guardian signature _____ Date _____

Parental Statement of Support:

I _____ (print name) do hereby vow to support my child/youth on their faith journey. I will support them and encourage them to attend worship, formation / education programs, and help them to be involved in other ministry groups and special events. I will also continue my own faith journey by attending worship and engaging in educational opportunities and leadership roles. I will honor and uphold my commitments and my child/youth's commitments to our faith community at St John in the Wilderness Episcopal Church.

Parent/Guardian signature _____ Date _____

