

**St. Edward's Episcopal Church**  
**YOUTH INFORMATION FORM**  
**2019-2020**

**Participant Information**

Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M/F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Land Line phone #: \_\_\_\_\_

Allergies: (food or otherwise)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you want us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home# \_\_\_\_\_

Cell 1# \_\_\_\_\_

Cell 2 # \_\_\_\_\_

Youth's cell # \_\_\_\_\_

*Please fill out the Medical Release form.*

# St. Edward's Episcopal Church

## Medical Release Form 2019-2020

### Medical Information/History

Date of last Tetanus Booster Shot: \_\_\_/\_\_\_/\_\_\_ Please list any current medications, pertinent medical conditions, allergies, physical limitations, dietary requirements, etc.

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Name of Insurance Company: \_\_\_\_\_, Please provide copy of medical card. Policy  
Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Medical Treatment Release

\_\_\_\_\_, whom is my daughter/son has my permission to participate in events at St.  
*Edward's Episcopal Church located at 737 Moon Road. Lawrenceville, GA 30046*

If I can not be reached by telephone in case of an emergency, I authorize such medical treatment as necessary and such additional procedures as are considered necessary during the course of medical treatment.

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

Please give an emergency contact other than parent/guardian listed above. If the parent/guardian can not be reached the emergency person will be contacted.

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**St. Edward's Photo Release for Youth**  
(initial all applicable)

\_\_\_\_\_ I do not consent to my child's likeness and activities being photographed, recorded, physically, displayed, or posted on any website and/or social media account maintained by St. Edward's Episcopal Church, Inc. (hereinafter "St. Edward's").

\_\_\_\_\_ I consent to my child's likeness and activities being:

\_\_\_\_\_ photographed and/or recorded and physically displayed within the facilities of St. Edward's Campus.

\_\_\_\_\_ photographed and/or recorded and posted to website maintained by St. Edward's.

\_\_\_\_\_ photographed and/or recorded and posted to a social media account maintained by St. Edward's.

In accordance with my above-referenced consent, I grant the following rights to St. Edward's permission to use and re-use, publish and re-publish, and modify or alter the image(s) photographed and/or recorded in perpetuity for the purposes stated above. I further waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge St. Edward's from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act. I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 18 and have legal capacity to sign the release on behalf of the below-named child.

This Photo Release is entered in reference to: \_\_\_\_\_.

\_\_\_\_\_  
Child/Youth's Name (print)

\_\_\_\_\_  
Parent/Guardian Name (print)

x

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date