

Appendix F: REGISTRATION/CONSENT FORM AND COVENANT

REGISTRATION AND CONSENT FORM

Event: _____

Participant Name: _____

Birth date: _____ Gender Identity: _____

Street Address: _____

State/Zip: _____ Participant Phone: _____

Parent/Guardian Name: _____

Relationship: _____ Daytime Phone: _____

Other Contact Name: _____

Relationship: _____ Daytime Phone: _____

- I give permission to this young person to attend and participate in activities, including swimming, sponsored by the Office for Congregations and Christian Formation of the Episcopal Diocese of Ohio, 2230 Euclid Ave., Cleveland, OH 44115-2499, 800-551-4815/216-771-4815.

-I authorize an adult, in whose care this minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to this minor under the general supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

-I give permission for this youth to ride in any vehicle designated by the adults in whose care this minor has been entrusted while attending and participating in this event.

-I give permission for this minor to be photographed/video recorded and that these photographs may be used in diocesan publication.

-I understand the general guidelines of behavior: that the participant must respect and adhere to the instructions of the adult(s) in charge and that NO alcohol, illegal drugs, or sexual misconduct will be permitted at this event and that there will be no use of tobacco products permitted.

-I will assume all transportation costs for this youth if problems occur during this event. I will take no civil action or legal action against the adult(s) in charge of the events of the Episcopal Diocese of Ohio for normal care of this minor in their charge.

Signature of Parent or Legal Guardian: _____

Date: _____

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COMMUNITY COVENANT

During Diocesan Youth Events we are a community. In this community, we need to agree to some simple promises we will keep, concerning each other and ourselves.

1. I will respect the dignity of all human beings in both actions and words.
2. I will respect and care for the facilities we will be using.
3. I will participate in community activities and honor quiet times and get a reasonable amount of sleep.
4. I will not possess or use any alcohol or any illegal controlled substances.
5. I will not possess or use weapons.
6. I will not engage in sexual activities or misconduct.
7. I will not use any tobacco products, including vapes and e-cigarettes, or give tobacco products to other attendees.
8. I will not leave the worksite, building property or other locations we visit without permission from a designated adult.

All of these promises have to do with respecting each other, the space we will be sharing and ourselves. Let's agree to treat each other and ourselves as the children of God that we are. By signing this covenant you are agreeing to live by these promises. Violating this covenant makes you subject to logical consequences that may include ending your participation in this event.

Signature of Participant: _____

Date: _____