

St. John in the Wilderness Episcopal Church
Mission Trip to Denver, CO

June 17-June 23, 2010

A \$200.00 participation fee is payable to St. John in the Wilderness and Registration Form due May 15th.

Full name of Youth: _____ Age: _____ Grade in Fall: _____

Birthdate: _____ Home Phone: (_____) _____ Alt. Phone: (_____) _____

Home Address: _____ City _____ Zip _____

Parent/Guardian Name: _____

Alternate Emergency Contact: Name _____ Phone (_____) _____

If there is anything that the adults working with your youth should know (fears, challenges, gifts)

PARENTAL AFFIRMATION

I, _____, do hereby affirm to St. John in the Wilderness that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ in the St. John's Mission Trip to Denver, CO, June 17 – June 23, 2010.

Signed: _____ Date: _____

Relationship to the Youth: _____

Do you have hospital insurance? YES NO (please circle one)

Insurance Company: _____ Policy Number: _____

Please list all allergies, medical problems, current medications, including over the counter medications:

Medical Consent Form

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in the St. John in the Wilderness Mission Trip to Denver, CO from June 17 – June 23, 2010.

We (I), authorize an adult, in whose care the above named minor has been entrusted by us or a staff member of St. John in the Wilderness to consent to any reasonably necessary medical examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of Minnesota or Illinois law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic, or urgent care facility. We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medial and dental services rendered to the aforementioned child pursuant to this authorization. We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

Parent/Guardian Signature: _____ Date: _____

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ do hereby release, waive, discharge, covenant not to sue and agree to hold members of St. John in the Wilderness, its officers, directors, employees, representatives, agents and affiliates, and the staff of St. John in the Wilderness from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the St. John's Mission trip to Denver, CO from June 17 – June 23, 2010. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of St. John in the Wilderness or sustained before, during or after the Denver, CO mission trip unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the Parish or the staff of the Denver, CO mission trip. I understand that, without limitation of the foregoing, neither the Parish of St. John's or the mission trip staff shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child's personal property or the interruption of the Denver Mission Trip for whatever reason. Neither the Parish of St. John in the Wilderness nor the mission trip staff shall be responsible for any lost or stolen property of the Participant Minor child or any persons attending day activities thereof.

Parent/Guardian Signature: _____ **Date:** _____

MEDIA RELEASE FORM

On behalf of _____ (the "Minor Child"), the undersigned parent does agree to grant to St. John in the Wilderness and the Episcopal Diocese of Minnesota, permission to record on film, video tape, or audio tape, the participation of the Minor Child in the Denver, CO from June 17 – June 23, 2010. The undersigned parent/guardian further agrees that any or all of the material recorded may be used, in any form, as part of any future productions made by or for St. John in the Wilderness or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

Parent/Guardian Signature: _____ Date: _____

Necessary for all participants under the age of 18

YOUTH COVENANT

As a participant in the youth program at St. John's I agree to abide by the following guidelines on the Denver, CO from June 17 – June 23, 2010.

- I agree not to use tobacco, alcohol, or illegal drugs
- I will respect the needs and property of others
- I will not participate in any violent or inappropriate sexual behavior
- I will be present for the entire event and participate in all scheduled activities, unless arrangements are made in advance.
- I will respect the adult leaders and all other participants, treating everyone as I would want to be treated.
- I understand that if I make bad choices that put myself or other participants in any danger, my parents will be contacted and I may be asked to leave early from the event at their expense.

Youth Signature _____ Date _____

Please contact Sheila Foster with any questions or concerns at 651-429-5351 X 12.