



St. Michael's Episcopal Church  
 Youth Ministries  
 Living In Faith Together (LIFT)



Registration Form for Youth Events and Participant Info 2023-2024

**Return to:** Youth Advisory Committee, 647 Dundee Ave., Barrington, IL 60010  
 Or email to youth@stmichaelsbarrington.org

Participant Name (please print) \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School Name (for 2020-2021) \_\_\_\_\_ Grade in School \_\_\_\_\_  
 Youth Cell Phone No. \_\_\_\_\_  
 Is it okay for youth leaders to text your teen directly?  Yes  No  
 Youth Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_  
 Parent/Guardian Cell Phone No. \_\_\_\_\_  
 Parent/Guardian Email \_\_\_\_\_  
 Parish/Church (if other than St. Michael's) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Insured's Name \_\_\_\_\_  
 Youth Relationship to Insured \_\_\_\_\_  
 Family Physician \_\_\_\_\_  
 Physician Phone (Daytime/After Hours) \_\_\_\_\_

Emergency Contact (other than above parent/guardian)

Name (please print)	Relationship	Home Phone	Work Phone	Cell Phone

Special Medical Concerns (that might limit participation or be important in an emergency)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Dietary Restrictions \_\_\_\_\_  
 \_\_\_\_\_ Vegetarian  Yes  No  
 Allergies \_\_\_\_\_

The following is a list of medications youth participant will/may need to take while attending events (please attached list if additional room is needed)

Medication to be administered	Dosage	Times

All prescription medication must be properly labeled in its original pharmacy container.  
Over the counter medication should be labeled with participant name on container.

**Permission to receive OTC medications:**

I give my permission for my child to receive over the counter medications from adult leadership at events, such as Tylenol, ibuprofen, cough drops, Mylanta, etc.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct, and the person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission, to the provider, selected by the church, to order x-rays, routine tests, and treatment related to the health of my child in emergency/urgent situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with youth leadership.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo/Video Publicity Release Statement:**       Yes  No

I give my permission for photographs or video footage of my child to be used by St. Michael’s Episcopal Church for promotional purposes (Brochures, website photos, promotional videos, social media, etc.) *No names are used for promotional photos/videos*

**Parental Consent:**

I give full permission for my child to attend St. Michael’s youth events, including but not limited to: Bible Study, Starbucks social gatherings, Middle School/High School Retreats/Lock-ins, Mission Trips, and other events.

**Transportation Release:**

I give full permission for my child to be transported to youth activities in conjunction with the above mentioned events, away from our meeting site, riding in approved vehicles, with approved drivers from St. Michael’s and to attend and participate in activities off site.

**Waiver of Liability:**

I agree to hold St. Michael’s Episcopal Church and any associated agencies and persons free and waive any claims for payment for accident, injury, disability, or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activities.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



St. Michael's Episcopal Church  
Youth Ministries Covenant  
2023-2024



The following covenant helps provide for the physical, emotional, and spiritual safety of our St. Michael's youth community. All participants agree to actively participate in all parts of all events and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules for the event.
2. I will respect the physical property of the facility, and the property of each person at the event.
3. I will remain on the premises and be an active participant in all scheduled activities for the event.
4. I will wear appropriate clothing.
5. I will not enter any designated sleeping areas other than my own.
6. I will not engage in sexual behavior, including sexual misconduct, sexually explicitly communication, or harassment.
7. I will not use or be in possession of alcohol, illegal drugs, or tobacco.
8. I will not bring anything that could be considered a weapon, such as firearms, knives, pocketknives, or fireworks.
9. I will not participate in acts of violence, aggression, or fighting.

These standards apply to all adult and youth participants

By signing below, I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am attending, I understand that there will be consequences, which may include my being sent home at my own expense and without refund.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As parent and/or legal guardian of this child, I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_