Saint Paul's Episcopal Church
1444 Liberty St SE
Salem, OR, 97302
503-362-3661
stpaulsoregon.org

# Annual Permission Form

October 1, 2021 to September 30, 2022

**Complete this form at time of registration.**
**This form will be retained by Saint Paul's Episcopal Church.**

**Name of youth** _____ _____ _____
**First** **Initial** **Last**

**Address** _____
**Street** **City** **State** **Zip**

**Date of Birth** _____ **Youth Home Phone** _____ **Youth Mobile Phone**_____

**Printed Name of Parent/Guardian** _____ **Relationship to Youth** _____

**Parent/Guardian Home Phone** _____ **Parent/Guardian Mobile Phone** _____

**Parent/Guardian Email** _____

**Emergency Contact #1**

**Name** _____

**Phone(s)** _____

**Relationship to Youth** _____

**Emergency Contact #2**

**Name** _____

**Phone(s)** _____

**Relationship to Youth** _____

❑ Yes ❑ No

Initials_____

**Permission for Emergency Medical Treatment:** In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to **Saint Paul's Episcopal Church** to seek treatment for my child and/or dependent minor by a licensed physician pursuant to Oregon law. I know of no reason(s) why my child/dependent may not participate in prescribed activities except as noted on the Health History Form. **If permission for emergency medical treatment is not given, please prepare a signed statement providing the reason, a release of liability, and alternate instructions and attach to this form.**

❑ Yes ❑ No

Initials_____

**Liability Waiver:** I understand that all reasonable safety precautions will be taken at all times by the church and its paid and volunteer staff during all youth events. I understand the possibility of unforeseen hazards and know of the inherent possibility of risk. I agree not to hold the church, its leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by my minor child, as named herein.

❑ Yes ❑ No

Initials_____

**Permission for Trips:** My child has permission to travel to, attend and participate in church-sponsored activities that are 1) located within one hour's driving time of the regular meeting place, 2) not exceeding 6 hours, and 3) not considered high risk activities.

❑ Yes ❑ No

Initials_____

**Permission to Use Photographs:** I hereby consent that the videos, photographs, motion pictures, electronic images and/or audio recordings of my child may be used by**Saint Paul's Episcopal Church** for publicity purposes. I understand that the last name and residence will not be used for publicity purposes.

**Special Accommodations:** My child requires the following special accommodations (write "none" if there are none):

_____

_____

**Parent Agreement:** I have read and understand this Annual Parent Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the church office or youth group leader.

_____

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

(Annual Permission Form Updated 4-22-15)