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			
AddressStr	eet	City		State	Zip	
Data of Divide	Varith Ham	•	Vanda Mala	ila Dhana	•	
Date of Birth Youth Home Phone		e Pnone	Youth Mobile Phone			
Printed Name of Parent/Guardian			Relationship to Youth			
Parent/Guardian F	lome Phone	Parent/Gua	rdian Mobile Pho	ne		
Parent/Guardian F	mail					
Emergency Contact #1 Name		Emerge	Emergency Contact #2 Name			
		Name				
Phone(s)		Phone(Phone(s)			
Relationship to Youth		Relatio	Relationship to Youth			
☐ Yes ☐ No Initials Special Accomm	Permission for Emergence contact a parent/guardian or emer Episcopal Church to seek treatme know of no reason(s) why my child History Form. If permission for exproviding the reason, a release Liability Waiver: I understant and volunteer staff during all youth of risk. I agree not to hold the chur incurred by my minor child, as nare Permission for Trips: My continuously 1) located within one hour's driving risk activities. Permission to Use Photogramd/or audio recordings of my child the last name and residence will not odations: My child requires the formal statement of the seek treatment of the seek treatme	gency contact. If no contact callent for my child and/or depended/dependent may not participat mergency medical treatment of liability, and alternate instead that all reasonable safety prevents. I understand the possificity, its leaders, employees, or ned herein. hild has permission to travel to gitime of the regular meeting prographs: I hereby consent that d may be used by Saint Paul's ot be used for publicity purpose.	In be made, I hereby glent minor by a license e in prescribed activitie is not given, please ructions and attach the ecautions will be taken bility of unforeseen haz volunteer staff liable for attend and participate lace, 2) not exceeding at the videos, photographs is Episcopal Church for es.	ive authorization to Sid physician pursuant es except as noted or prepare a signed state of this form. In at all times by the chards and know of their damages, losses, die in church-sponsored 6 hours, and 3) not complete, motion pictures, or publicity purposes.	aint Paul's to Oregon law. I the Health stement thurch and its paid inherent possibility iseases, or injuries d activities that are onsidered high electronic images	
	nt: I have read and understand ement at any time by submitti					