

St. Mark's Episcopal Church

6744 S. King's Hwy. Alexandria VA 22306

Ph: 703 765-3949 Fx: 703 765-1381



****PERMISSION FOR YOUTH GROUP ACTIVITY****

I hereby give permission for my minor son/daughter (name) _____ to attend and participate in this activity _____ sponsored by St. Mark's Episcopal Church, Alexandria, Virginia. This permission slip is intended to include all aspects of this activity.

I understand that transportation to and from this activity is being provided by parents and volunteers of St. Mark's in their private vehicles. I understand that reasonable precautions will be exercised by the adults chaperoning each event (and all travel associated therewith), but that neither the adults chaperoning such trips nor St. Mark's will be responsible for theft of or damage of personal property, nor for bodily injury.

I understand that under ordinary circumstances, accidents can occur that could result in injuries. Unless otherwise noted below, I certify that my child is of normal health and is physically able to participate in such activities. Any allergies, medications, or special needs have been noted on this form.

Parent/Guardian Consent: _____
(signed) (date)

ASSUMPTION OF RISKS:

I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian (if Participant is Under 18):

Date: _____

GENERAL INFORMATION

*SSN

Work/Cell Number

Guardian/Parent Name: _____

Guardian/Parent Name: _____

Emergency Contact: _____

Allergies: _____

Medications: _____

Health Insurance: Insurer _____

ID# _____

Name of Policy Holder _____

Special Needs/Limitations: _____

*Social Security Number of parent or guardian is required prior to treatment of minors at most hospitals.