



ST. ANDREW'S
A faith for all ages

YOUTH INFO SHEET 2022-2023

Please complete one form for each youth

Check one: ___ Junior (6th-8th Grades) ___ Senior (9th-12th Grades)

PLEASE PRINT

Youth's Name: _____ Current Age: _____ Birth date: _____

School Youth Attends: _____ Grade: _____

Parent/Guardian Name (s): _____

Address(es): _____

Home Phone: _____ Parent Cell: _____

Other Phone Numbers? _____

Youth E-mail: _____

Parent / Guardian E-mail: _____

Youth Signature: _____

Parent / Guardian Signature: _____

Photo Release

I _____ understand that promotional pictures (individual and group) have been / will be taken during youth events. I **DO** or **DO NOT** (circle one) give St. Andrew's Episcopal Church permission for my son's/daughter's picture to be taken and used for promotional materials (newsletter, web page, promotional signs, etc.) in highlighting events. **NAMES WILL NOT BE USED**

Parent / Guardian Signature: _____ DATE: _____

Forms can be returned to your leaders at St. Andrews, Youth Group (SAY)

By mail care of St. Andrews Youth, 6400 McKinney Ranch Rd. McKinney TX 75070

By fax at (972) 548-7831

Or scanned into an e-mail at

loganh@standrewsmckinney.org

Please Provide a Copy of Insurance Card (Front and Back)

RELEASE

Effective dates August 14, 2022 to August 13, 2023

The undersigned parent or legal guardian of _____,
a minor child, does hereby grant permission for the said child to engage in the various activities sponsored by the St. Andrew's Episcopal Church in McKinney for its Youth Programs (SAY) including, but not limited to, travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with St. Andrew's Youth.

This consent also includes specific permission hereby granted to the adult supervisors and leaders of St. Andrew's Youth to make medical decisions with respect to the said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decision, and to administer medication when required.

Dated this _____ day of _____, 20____
Parent or legal guardian's signature

The following is confidential and will only be shared with St. Andrew's Episcopal Church Staff and SAY Sponsors when necessary and appropriate as determined by either St. Andrew's Youth Minister and/or St. Andrew's Clergy.

Medical insurance information:

Company _____ Policy Number _____

Medical Concerns/Restrictions: (i.e., asthma, allergies, food allergies, medications, disabilities, etc.)

Are there any other social/emotional/developmental/behavioral things we should be aware of? (i.e. ADHD, Social Anxiety, autism spectrum)

RELEASE AND INDEMNITY

Individually and on behalf said minor child we hereby release St. Andrew's Episcopal Church in McKinney, its vestry, wardens, staff and volunteers (collectively, the "St. Andrew's Parties"), from any and all liability for any claims of any nature related or arising out of travel in automobiles, attendance at related group activities, and general participation in any and all activities sponsored by or associated with St. Andrew's Youth. INDIVIDUALLY AND ON BEHALF SAID MINOR CHILD WE HEREBY AGREE TO **DEFEND, INDEMNIFY AND HOLD HARMLESS** THE ST. ANDREWS PARTIES FROM AND AGAINST ANY AND ALL CLAIMS (INCLUDING, WITHOUT LIMITATION, THE AMOUNT OF JUDGMENTS, COURT COSTS, ATTORNEYS' FEES AND AMOUNTS PAID IN SETTLEMENT) ARISING OUT OF OR IN CONNECTION WITH SUCH ACTIVITIES. **THE RIGHT OF INDEMNIFICATION PROVIDED IN THIS DOCUMENT SHALL APPLY EVEN IF THE CLAIM ARISES IN WHOLE OR IN PART FROM THE NEGLIGENCE OF ANY ASCENSION PARTY, INCLUDING ANY ST. Andrew's PARTY'S OWN NEGLIGENCE, WHETHER SUCH CONDUCT IS THE SOLE, JOINT, CONCURRING ACTIVE OR PASSIVE CAUSE OF ANY CLAIMS, LOSSES OR DAMAGES.**

Signed this date, the _____ date _____

Printed Name: _____

Please Provide a Copy of Insurance Card (Front and Back)