

## YOUTH PROGRAM ENROLLMENT FORM

Full Name of Youth: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sponsoring Church and Location: \_\_\_\_\_

Address while at convention (check one): \_\_\_\_\_ UC Irvine \_\_\_\_\_ Other

If other, please provide the following:

Name of location: \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

Phone Number while at convention: \_\_\_\_\_

Adult Responsible for Student at General Convention:

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact(s):

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address \_\_\_\_\_

Dietary needs \_\_\_\_\_

Allergies: \_\_\_\_\_

Other special needs\* \_\_\_\_\_

\_\_\_\_\_  
\*Examples: Hearing Impaired; Physical Disabilities; ESL; Learning Disabilities; etc.

Please check one:

\_\_\_\_\_ I am registering for the full program with room and board at UC Irvine:  
\$525.00 (before May 30, 2009)  
\$575.00 (after May 30, 2009)

\_\_\_\_\_ I am registering for the full program without room and board:  
\$195.00 (before May 30, 2009)  
\$245.00 (after May 30, 2009)

(25% registration deposit required \_\_\_\_\_) non refundable

Amount enclosed \_\_\_\_\_

**Make checks payable to *Episcopal Diocese of Los Angeles***

**Balance will be due by June 15, 2009**

Registrations, Deposit and Balance should be mailed to:

Diocese of Los Angeles: General Convention Youth Program

840 Echo Park Ave Los Angeles, CA 90026

**MEDIA RELEASE FORM**

On behalf of \_\_\_\_\_, (the "Minor Child"), the undersigned parent does agree to grant to the Domestic and Foreign Missionary Society ("The Society") and the Episcopal Diocese of Los Angeles (the "Diocese"), permission to record on film, video tape, or audio tape, the participation of the Minor Child in the General Convention Youth program sponsored by the Diocese in connection with the General Convention of the Protestant Episcopal Church of the United States of America at the Anaheim Convention Center, Anaheim, California, July 6-17<sup>th</sup>, 2009. The undersigned parent further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the Society or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

\_\_\_\_\_, 2009  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
Necessary for all participants under the age of 18

**PARENTAL AFFIRMATION**

I, \_\_\_\_\_, do hereby affirm to The Episcopal Diocese of Los Angeles that I have the legal authority to provide my consent and authorization for matters relating to the participation of \_\_\_\_\_ in the Youth Program of General Convention of the Protestant Episcopal Church of the United States of America in Anaheim, California July 9-12, 2009.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**WAIVER AND RELEASE**

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold members of the Episcopal Diocese of Los Angeles, its officers, directors, employees, representatives, agents and affiliates, assigns and successors and the staff of the General Convention Youth Program from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the Youth Program of General Convention of the Protestant Episcopal Church of the United States of America in Anaheim, California July 6-17<sup>th</sup>, 2009. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of the General Convention Youth Program or sustained before, during or after the General Convention Youth Program unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the Diocese or the staff of the General Convention Youth Program.

I understand that, without limitation of the foregoing, neither the Diocese of Los Angeles nor the General Convention Youth Program shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child’s personal property or the interruption of the General Convention’s Youth Program for whatever reason. Neither the Diocese of Los Angeles nor the General Convention Youth Program shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Date: \_\_\_\_\_, 2009

\_\_\_\_\_  
Parent/Guardian Signature

## MEDICAL CONSENT FORM

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child \_\_\_\_\_ to attend and participate in the **General Convention Youth Program** in Anaheim, California, July 9-12, 2009.

We (I) authorize an adult, in whose care the above named minor has been entrusted by us or by a staff member of the **General Convention Youth Program**, to consent to any reasonably necessary medical examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE FILL OUT THE FOLLOWING INFORMATION

Do you have hospital insurance? ☐ Yes ☐ No (please check one)

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please list any allergies, medical problems, current medications, etc. you think would be important for us to know about\*:

\_\_\_\_\_  
\_\_\_\_\_

*\*please note that there is a more complete health history that must also be completed*

Date: \_\_\_\_\_, 2009

Parent(s) Signature: \_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_

# Medication Form

NAME OF STUDENT:

BIRTHDATE:

DIAGNOSIS:

MEDICATIONS:

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

DOSAGE TO BE GIVEN DURING PROGRAM: TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN:

If the student is taking more than one medication, list sequence in which medications are to be taken

\_\_\_\_\_  
\_\_\_\_\_

*Physician Name (Print or Type)* \_\_\_\_\_

*Physician Signature:* \_\_\_\_\_

*Parent or Guardian Name (Print or Type)* \_\_\_\_\_

*Parent or Guardian Signature* \_\_\_\_\_

## FIELD TRIP PERMISSION

I, \_\_\_\_\_, Parent/Guardian, on behalf of \_\_\_\_\_ give permission for my minor child to participate in **General Convention Youth Program** activities taking place off site from the Anaheim Convention Center, Anaheim, California. I understand that transportation to and from these activities will be provided for my child by the **General Convention Youth Program**. I understand that the field trips are part of the **General Convention Youth Program** and if I choose to not have my student participate in one or more off site activities, that other care arrangements will need to be made by me for my student during the times of that field trip activity.

Date: \_\_\_\_\_, 2009

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Parent/Guardian Signature

**ELECTRONIC DEVICE POLICY**

Electronic Devices: i-Pods, MP-3 players, PSP players, cell phones, cameras and other types of electronic equipment may not be used during regular group time. They will be able to be used during free time. The General Convention Youth Program will not be held responsible for any theft or loss of the above mentioned electronic devices.

I have discussed this policy with my student \_\_\_\_\_ (student's name) and understand that any loss will be our responsibility.

Signed (Parent/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

I have discussed this policy with my family and understand that any loss will be my responsibility.

Signed (Student) \_\_\_\_\_

Date \_\_\_\_\_

**Today's Date:**

**Student's health history – parent's report**

**STUDENT'S Name** (Last, First, M.I.):

Check one: Male\_\_\_\_\_ Female\_\_\_\_\_

**DOB:**

**PARENT/GUARDIAN**

DOES PARENT/GUARDIAN LIVE IN HOME WITH CHILD?

**PARENT/GUARDIAN**

DOES PARENT/GUARDIAN LIVE IN HOME WITH CHILD?

IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN:

Date of last physical exam:

**HEALTH AND DEVELOPMENTAL HISTORY**

**Childhood illness:** Circle any that apply

Measles  Mumps  Asthma  Chickenpox  Rheumatic Fever  Hay  
Fever  Diabetes  Epilepsy  Whooping Cough  Poliomyelitis  Ten- Day  
Measles (Rubeola)  Three-Day Measles (Rubella)

Other\_\_\_\_\_

***Immunizations and dates:***

Tetanus

Pneumonia

Hepatitis

Chickenpox

Influenza

MMR Measles, Mumps, Rubella

**Specify any other serious or severe illnesses or accidents**

**Does the student take prescribed medications?**

Name the Drug

Strength

Frequency Taken

**Does the student have any allergies to medications?**

Name the Drug

Reaction

**Does the student use any special device(s)?** (i.e. hearing aids, nebulizer, cochlear implants, etc)

Name the Device

Reason for use

**Does the student use any special device(s) at home?** (i.e. nebulizer, orthodontic appliances, etc.)

Name the Device

Reason for use