

**2019 Diocesan Assembly
Diocese of the South, Orthodox Church in America**

**Youth Program Participant Form:
Registration, Waiver, and Medical Form**

**Jupiter, Florida
22-26 July 2019**

Return the completed form (by email) to Fr. John Cox: frjohncox@gmail.com no later than June 15th.

Youth Program Participant Information:

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

T-Shirt Size Youth: S __ M __ L __ XL __ or Adult: S __ M __ L __ XL __ XXL __ (other) _____

Date of Birth and Current Age of Program Participant: _____

Allergies and Pre-existing Conditions of Program Participant:

Please state any other special or particular information regarding the Youth Program Participant of which the leadership of the Program should be aware:

Contact Information for Primary Physician of Youth Program Participant

Name: _____

Address: _____ City: _____

State: _____ Phone Number: _____

Email and Emergency Telephone Contact Information: _____

As the parent or legal guardian of the participant in the Youth Program stated above, I authorize the leadership of the Youth Program to contact the Primary Physician of the Youth Program Participant stated above in the event of any medical emergency or other medical need.

(Parent or Guardian) Date of Signature: _____

Information Regarding Parent or Guardian of Youth Program Participant:

Father: _____ Mother: _____

Father's Phone: _____ Mother's Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____

In the event of an emergency of any kind, please contact the parents of the Youth Program Participant at the above phone numbers. In the event we cannot be reached, please contact the following person(s):

Name/Relation to Youth Program Participant: _____

Phone Number: _____

In the event I cannot be reached in the case of a medical or other emergency on the part of the Youth Program Participant, I do hereby authorize a physician selected by the co-coordinators of the Youth Program to administer emergency treatment including medications, diagnostic tests, surgery, or other medical intervention deemed necessary in the sole discretion of the the physician.

Guardian Permission/General Release

The undersigned is the parent or legal guardian of the Youth Program Participant named above and is authorized to execute this Guardian Permission and General Release.

I hereby give and grant my consent and permission for the Youth Program Participant named above to participate and to take active part in all activities of and related to the Youth Program sponsored by the Diocese of the South of the Orthodox Church in America conducted in connection with the 2019 Diocese of the South Assembly held in Jupiter, Florida, during the period July 22-26, 2019. I further state that the named Youth

Program Participant is physically and mentally capable of such participation.

This Guardian Permission and General Release encompasses all Youth Program activities including but not limited to activities in the water and other natural settings and which may involve other physical activity as well as any off-site trips by motor vehicle.

This Permission and General Release extends to all transportation by automobile or other motor vehicle which may be undertaken in connection with the activities of the Youth Program.

I hereby agree to and do release and waive any and all claims against, indemnify, and hold harmless the Diocese of the South and the Orthodox Church in America, its officers, directors, agents, board members, and employees, for any and all injuries to the Youth Program Participant or his or her damages that may result from occurrences transpiring during and related to the conduct of the Youth Program associated with the 2019 Diocesan Assembly of the Diocese of the South of the Orthodox Church in America.

I understand and agree that the Diocese of the South and the Orthodox Church in America do not cover Youth Program Participants' health and medical expenses and I therefore agree to pay any such expenses of the Youth Program Participant that may be incurred.

I understand and agree that this Guardian Permission and General Release is intended to, and does, constitute a general release and waiver on my part and on the part of the Youth Program Participant of all forms of legal liability arising from or related to the participation of the Youth Program Participant in the Youth Program and that I will in addition hold harmless the Diocese of the South and the Orthodox Church in America from any and all liability or claims of liability arising from or in any way connected to the participation of the Youth Program Participant in the activities of the Program.

I, the undersigned, have read this instrument and its Guardian Permission and General Release and I understand all of its terms. I execute it voluntarily on behalf of myself and the Youth Program Participant named above and with full knowledge of its significance and its intent to bind all persons.

In witness whereof, I have signed this instrument on the date indicated below.

Name (please print clearly): _____

Relationship to participant: _____

Signature: _____ Date: __/__/____

If the parent/guardian is unable to pick up the participant, I am the person who is authorized to pick up this participant:

Signature: _____ Relationship: _____

Signature of Parent/Guardian: _____ Date: __/__/____