



ST. ANDREW'S
A faith for all ages

SAY! SAINT
ANDREW'S
YOUTH

Youth Information Sheet

(please complete one form for each student)

Cohort (select one): Junior (6th - 8th grade) Senior (9th - 12th grade)

STUDENT PROFILE (please print)

Student Name: _____ Birthdate: _____

School: _____ Grade: _____

Parent/Guardian Name(s): _____

Address(es): _____

Home Phone: _____ Guardian Cell: _____

Other Phone Number(s) (please describe): _____

Student Email: _____

Parent/Guardian Email: _____

PHOTO & MEDIA RELEASE

I, as a parent/guardian of a student, grant permission for the videotaping and/or photographing of myself and the student. Identifying information such as name, address, age, and parents (in the case of a minor) may be included. The videotapes and/or photographs will be used by the St. Andrew's Episcopal Church specifically for: Photo sharing, website, publications and promotion. No other use of the videotapes and/or photographs shall be allowed.

_____ If you have reason to decline the photo and media release, please initial here.

Parent/Guardian Signature: _____ Date: _____

Questions? Contact the church office at (972) 548-7990

RETURN IN PERSON OR BY MAIL:
6400 McKinney Ranch Pkwy
McKinney, TX 75070

RETURN BY FAX: (972) 548-783
RETURN BY EMAIL: info@standrewsonline.net



St. Andrew's Episcopal Church
 6400 McKinney Ranch Pkwy.
 McKinney, TX 75070
 Phone: (972) 548-7990
 Fax: (972) 548-7831

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RELEASE

Effective dates: August 1, 2019 to July 31, 2020

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, St. Andrew's Youth, hereafter referred to as 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 SAY.

This consent also includes specific permission hereby granted to the adult supervisors and leaders of SAY 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.

MEDICAL INSURANCE INFORMATION

Company: _____ Policy #: _____

Medical Concerns & Restrictions (e.g. asthma, medical allergies, food allergies, medications, disabilities, etc.):

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 ST. ANDREW'S 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 of _____, 2020.

 Parent/Guardian Printed Name

 Parent/Guardian Signature