



Water & Soul

With St. Paul's Episcopal Church, Port Townsend (WA)
 Arts, Nature, & Spiritual Enrichment for Youth (ages 11-16)
 Registration for Week of August 5-10, 2018 (Sunday evening – Friday)
 Suggested Donation \$175 – Scholarship Assistance Available

Youth's Name:			
Parent/Guardian Name:			
Address:			
Daytime Phone Number(s):			
Email Address:			
Youth's Information:	Age:		Grade Level in Fall 2018:
	Relevant Allergies:		
	Medications:		
Contact in Case of Emergency:	Name:	Daytime Phone Number(s):	
	Relationship to Youth:		
Person Who Will Pick Up Youth at Dismissal:	Name:	Daytime Phone Number(s):	
Is Scholarship Assistance Needed?	Circle one: YES or NO	If so, how much assistance? _____	

Permission Form – General Release Agreement

YOUTH'S NAME _____

As the parent or legal guardian of _____ I agree to the following:

The child listed above has permission to participate in the St. Paul's Episcopal Church Water & Soul Program (hereafter referred to as "Water & Soul"), from July August 5-10, 2018.

I, the undersigned, request that St. Paul's Church allow the child to participate in Water & Soul and in consideration thereof, agree to hereby release and forever discharge the Church, their offices, directors, employees, agents and any parties volunteering on behalf of the Church from all actions, claims, damages of any kind growing out of activities related to Water & Soul. I acknowledge that this is a full and complete release for all injuries and damages that the above child may sustain as a result of participating in Water & Soul.

I authorize the treatment of the child by a qualified and licensed medical doctor in the event of an emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue physical discomfort if delayed, while said minor is participating in the activity – including transportation to and from the site. The authority is granted only after a reasonable attempt has been made to contact me, the parent or guardian.

Any required medicines to be delivered during Water & Soul need to be in their original package with prescription information.

YOUR SIGNATURE: _____ Date _____



Photo Release Form

I give my permission for my child's photograph or video image to be taken at St. Paul's Episcopal Church's Water & Soul Program, August 5-10, 2018. Such images may be posted in the Church's newsletter, appropriate places within the facility, and on the Church website. By not signing this permission form, your child will be excluded from all photography. I understand that I may terminate this permission at any time in the future.

Yes ___ No ___

YOUR SIGNATURE: _____ Date _____

Please complete and return both sides to:
St. Paul's Episcopal Church
1020 Jefferson St. or P.O. Box 753, Port Townsend, WA 98368
stpauls_pt@outlook.com