

NEW! NEW! NEW! Pilgrim Fellowship is going GREEN!

Registration: Please download this form onto your computer, complete this form using your computer, save the file to your computer and attach the saved file and email it back to pf@firstchurchguilford.org

*****Note: Electronic signatures are legally binding!*****

First Congregational Church, Inc., 122 Broad St., Guilford CT 06437

PF Application, Permission, Medical Emergency, Youth Transportation & Media Release Form 2017-2018

It is the policy of the First Congregational Church, Inc. of Guilford, CT (“First Church”) to require a membership application and a signed parental/guardian permission form for each Pilgrim Fellowship (“PF”) student participant (“Child”) regardless of their age. This permission form releases all liability of First Church, it's ministers and employees, the Director of PF and its adult leaders (“Advisors”), Committee Members, and volunteers and agents of First Church from any liability claim, cost or expense associated with the Child's participation on P.F.

This form is intended to be universal and comprehensive to cover all activities that may be held from September 10, 2017 through June 30, 2018, with the exception of any over-night event held off of First Church property, such as the “Leadership Retreat” and/or the “Mission Trips”.

(1) Information about the Child (Please Print)

Name: _____ **Birth Date:** _____ **Grade** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Telephone: Home: _____ **Youth’s Cell:** _____

Student’s Email Address: _____

Parent/Guardian: _____ **Email Address:** _____

Address (if different from Student): _____

Phone: Day: _____ **Evening:** _____ **Cell:** _____

Emergency Contact (Please list a person other than the parent/guardian)

Name: _____ **Relationship:** _____

Phone: Day: _____ **Evening:** _____ **Cell:** _____

(2) Parent Permission to Attend PF Meetings and Events, and Release of Liability

I give permission for my Child (print full name) _____ to attend the regular program meetings of PF on Sunday evenings held at the First Congregational Church property throughout the program year. I understand that PF supervises various community service and/or fund raising events as well as conducting a portion of its regular PF Sunday meetings off of the First Church property during the year. I grant permission for my Child to attend various community service and/or fund raising events that PF supervises, both on and/or off the First Church property, from time to time during the program year. It is the policy of the Pilgrim Fellowship and First Church that no child shall leave a PF program or activity without a PF adult granting permission. Pilgrim Fellowship and First Church are not responsible or liable in any manner for a child leaving PF without a PF adult granting permission.

Parent/Guardian’s Signature: _____ **Date:** _____

(3) Medical Emergency Authorization and Health Information: (Please fill in all lines)

Current Medications (including dose and frequency): _____

Medication allergies (include the reaction to the medication): _____

Food allergies (include the reaction to the food): _____

Environmental allergies (i.e. pollen, bee stings, etc. Include the reaction): _____

Current physical concerns/ pertinent medical history/ anything the staff should be aware of: _____

Doctor: _____

(Name)

(Address)

(Phone number)

In case of sudden illness or an accident to the above named Child requiring immediate treatment or surgery while he/she is a participant in any PF event, in my absence I authorize PF and its adult leaders to take such action as seems appropriate to protect

the health and physical wellbeing of the above participant, until the parent/guardian can be contacted. This authority extends to any trained first aid responder(s), ambulance personnel, physician(s), surgeon(s), or other healthcare professionals, hospitals or other medical facilities selected by the adult leaders to perform medical treatment and/or surgical procedures including the administration of anesthesia examinations and tests necessary to preserve the health and physical well-being of the above named participant.

Parent/Guardian's Signature: _____ Date: _____

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(4) Photo/Video Usage Release

The participant (Child)/and the Parent/Guardian grant and convey to First Church Pilgrim Fellowship all right, title, and interest in any and all photographic and/or digital images and video or audio recordings made by Pilgrim Fellowship during the Child's participation in this program year, including during the Child's participation on any "Mission Trip". Use of these images may be placed on bulletin boards on First Church property and in PF publicity announcements and fund raising brochures, and may be posted electronically on the First Church web site, message group, Facebook site or similar social media sites. The images and/or recordings may also be included in any electronic or printed media documentation of any or all of PF's yearly meetings and or events, and may be distributed to members for their private use. These images will only be used by First Church Pilgrim Fellowship to document the event and for the sole purpose of publicizing and promoting the programs of Pilgrim Fellowship. First Church Pilgrim Fellowship has no responsibility or control over any other parties use of an image obtained from any of the above media sources.

Parent/Guardian's Signature: _____ Date: _____

(5) Parent/Guardian Permission to Become a Passenger in a Vehicle, and Release of Liability

_____ ***I grant permission*** for my Child to become a passenger in a vehicle driven **by an adult/ not in high school** who has completed the "Adults Transporting Children & Youth in a Motor Vehicle Form" that certifies to First Church of the driver's compliance with all laws and safety requirements. I release the owner and adult driver of any vehicle transporting my child to and from a PF event, as well as during the event, for any reasonable purpose, from any liability in case of injury or illness.

_____ ***I do not grant permission*** for my Child to become a passenger in a vehicle driven by **an adult/ not in high school** who has completed the "Adults Transporting Children & Youth in a Motor Vehicle Form" that certifies to First Church of the driver's compliance with all laws and safety requirements. I understand that by not granting permission, I will be responsible for providing all transportation for my Child for any PF meeting and event if other means of transportation are not available.

_____ ***I grant permission*** for my Child to become a passenger in a vehicle driven **by a high school student, 16 or older**, who is allowed by law to carry non-family passengers, where the driver is expressly permitted by their parent/guardian to carry non-family passengers, and who has completed the "Pilgrim Fellowship Members Transporting Youth in a Motor Vehicle Form" that certifies to First Church of the driver's compliance with all laws and safety requirements.

_____ ***I do not grant permission*** for my Child to become a passenger in a vehicle driven **by a high school student, 16 or older**, who is allowed by law to carry non-family passengers, where the driver is expressly permitted by their parent/guardian to carry non-family passengers, and who has completed the "Pilgrim Fellowship Members Transporting Youth in a Motor Vehicle Form" that certifies to First Church of the driver's compliance with all laws and safety requirements. I understand that by not granting permission, I will be responsible for providing all transportation for my Child for any PF meeting and event if other adult drivers are not available.

Furthermore, I release the owner(s) and driver(s) of any vehicle I granted permission to, above, transporting my child to and from the event, as well as the owner(s) and driver(s) of any vehicle transporting my child during the event for any reasonable purpose, from any liability in case of accident, illness or injury.

I agree to the statements that I have checked off in the above section:

Parent/Guardian's Signature: _____ Date: _____

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