

Episcopal Diocese of Maryland Parental Consent Form

Event Contact:

Kate Riley

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Event Name/Description: _____

Event Date(s): _____ Start Time: _____ Ending Time: _____

Full Name of Participant: _____

DOB & Grade: _____ Gender: _____ T-shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Youth Mobile #: _____ Parent Email: _____

Parish Name: _____ Location: _____

Parent/Guardian Name: _____

Parent/Guardian Mobile #: _____ Work/Home #: _____

Other Emergency Contact: _____ Phone#: _____

Insurance Provider: _____

Primary Insured: _____ Relationship: _____

Group/Plan #: _____ Policy #: _____

Special Needs (allergies, physical/dietary, medication): _____

Consent/Waiver/Release Please check boxes:

- You may use photographs of my child for promotional purposes
- My child may attend and participate in the activities of this event.
- My child may ride in any vehicle designated by the adult(s) in whose care this minor has been entrusted while attending and participating in this event.
- I understand the general guidelines of behavior — that my child must respect and obey all instructions of supervising adults and no alcohol, tobacco, illegal drugs, or sexual misconduct will be tolerated during this event — and that supervising adults have the right to reasonably enforce all established rules of conduct.

