

# Diocese of Southwest Florida Individual Registration Form



Name of Event: \_\_\_\_\_

## Participants

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

T-Shirt size: YM YL S M L XL 2X 3X

Circle one: MALE FEMALE     Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Church, City: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Adults: 18 and older: Attach a copy of the following certificates. Certificates for (1 & 2) must be completed prior to event.**

1. Safe Guarding God's People – Completion date: \_\_\_\_\_
2. Diocesan Background Check – Completion date: \_\_\_\_\_

Talents: \_\_\_\_\_

School Activities: \_\_\_\_\_

Is youth active in church activities? \_\_\_\_\_ Yes / No

Church Activities: \_\_\_\_\_

*You may use the back of Registration sheet to continue to write your activities.*

I understand all payment is due at the time of registration.

Signature of Parent / Guardian: \_\_\_\_\_

Visa / MasterCard #: \_\_\_\_\_ Exp Date \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### You may also send payment by check to:

Diocese of Southwest Florida

7313 Merchant Ct.

Sarasota, FL 34240

Phone: 941-556-0315 x274

Fax: 941-556-0321

E-mail: [mmercurio@episcopalswfl.org](mailto:mmercurio@episcopalswfl.org)

# Diocese of Southwest Florida Health History

Participant's Name: \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parish, City: \_\_\_\_\_ Rector: \_\_\_\_\_

LIST ALL ALLERGIES AND REACTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operations or serious injuries/Dates: \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_

Chronic or Reoccurring Illnesses: \_\_\_\_\_

Behavioral disorders and prescribed medicine: \_\_\_\_\_

If Parent/Guardian is **NOT** available in an emergency, Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*All prescribed medication and over the counter medications must be in the original container with the correct name, date, instructions and physician's name on the label. Medications will be dispensed by a licensed health professional. \*Medications must be listed on the Medical Update form.*

The Diocese **does not** give aspirin to any participant because of adverse reactions. Are there by over the counter oral, topical or instilled medications that the participant cannot or should not receive; should any minor symptoms develop?  
\_\_\_\_\_

## Physician information

Name of Physician: \_\_\_\_\_

Physicians Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DTP Series: \_\_\_\_\_ Booster: \_\_\_\_\_ Booster: \_\_\_\_\_

**Please notify the Diocese of Southwest Florida and your church if the participant has been exposed to any communicable disease during the three weeks prior to the event.**

This health history and immunization report is true and accurate to the best of my knowledge. In the event of an illness or emergency, I hereby give permission for the staff of any diocesan camp/program/event to authorize medical treatment of myself/my child by a licensed health care professional and/or to provide transportation to a medical facility.

Name of Parent/Guardian of youth (If participant is under 18 years of age: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Diocese of Southwest Florida  
Insurance Certification**

Participant's Name: \_\_\_\_\_

Does the participant have medical insurance: Yes/No \_\_\_\_\_

If yes, please complete the following:

Policy holder's name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of policy: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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Print your name: \_\_\_\_\_

Sign your name: \_\_\_\_\_

The signature of the Applicant/ or Parent/Guardian on this form was sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Produced ID: \_\_\_\_\_ Personally Known: \_\_\_\_\_

Notary Seal: 

**Please attach a copy of your insurance card**

# Diocese of Southwest Florida Release Agreement

Dear Participants and Event Staff,

We want to welcome you to Youth and Young Adult programming. We at the diocese want to inform you of the safety precautions adhered to at all diocesan programs. You will be required by our staff to wear safety equipment for water sports, ropes challenge courses, and other activities requiring protective gear and appropriate attire.

Even with safety equipment and competent staff present, we want you to realize that any camping, recreational, or service activity has inherent dangers that no amount of care, caution, instruction or expertise can totally eliminate.

**This form must be filled out, signed and dated by the participant and returned by registration. You will not be permitted to attend any event, camp, retreat, or youth program unless this form has been received.**

\_\_\_ I understand that pictures and videos are taken. I hereby give permission for the use of such pictures and videos of myself for the promotion of diocese programs.

\_\_\_ I hereby affirm that I have been advised of and understand the risks of camping, recreational, spiritual, and service programs held at designated locations and that such activities involve certain risks.

\_\_\_ I have signed this document as my own free act and in consideration of the agreement by the diocese to accept the program, retreat, or event placement chosen.

\_\_\_ I hereby agree by execution of this document to release the diocese, any establishment, the staff, the board of directors, and all others acting for, or, on behalf of the diocese from all liability whatsoever, for personal injury, or injuries to property, real or personal, caused by, or arising out of camping and or any other activity sponsored by the diocese. This indemnification specifically includes any costs or attorney's fees which the diocese may incur in order to defend against any claims or demands, as well as any costs or attorney's fees incurred in enforcing this Agreement.

\_\_\_ By signing this document I acknowledge that if anyone is hurt or if property is damaged during the participation of myself or my family in this activity, I will be found by a court of law to have waived my right to maintain a lawsuit against diocese on the basis of any claim from which I have released them by this Agreement.

This Agreement shall apply, to the Notary signature on the Insurance Certificate Form.

Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant)

Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Self or Parent / Guardian if under 18)

# Diocese of Southwest Florida

## Youth Pick-up Release

### PARTICIPANT PICK-UP AUTHORIZATION FORM

The following person(s) are authorized to pick-up my child from the Diocese of Southwest Florida youth programs:

Please Print:

**CHILD'S NAME:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN NAME AND PHONE NUMBER:**

\_\_\_\_\_  
(Printed Name) (Phone Number)

\_\_\_\_\_  
(Signature) (Date)

**AUTHORIZED NAMES AND PHONE NUMBERS:** (Picture ID will be required)

\_\_\_\_\_  
(Printed Name) (Phone Number)

\_\_\_\_\_  
(Printed Name) (Phone Number)

\_\_\_\_\_  
(Printed Name) (Phone Number)

**STAFF SIGNATURE/DATE:**

\_\_\_\_\_  
(Staff Member) (Date)

**Pick up Log:**

<b>Individual</b>	<b>Event staff</b>	<b>Date</b>
_____ (Print Name & Signature)	_____	_____
_____ (Print Name & Signature)	_____	_____
_____ (Print Name & Signature)	_____	_____
_____ (Print Name & Signature)	_____	_____