

PRINT Applicant's name: _____

For all Applicants (regardless of age):

The undersigned, who is a custodial parent or legal guardian of the Applicant named above, or the Applicant if he or she will be 21 years of age at any time during the event, agrees to the following:

I understand that Louisiana law allows the Conference Center for the Diocese of the Episcopal Church in Louisiana [the Conference Center], through its representatives, to authorize and consent to medical treatment for minors participating in the activities while at the Conference Center. In addition, I give permission to representatives of the Conference Center or the person in charge of the activity at the Conference Center [Representative] to take me or my child to the nearest physician or emergency medical facility in the event that a person authorized by Louisiana law is not available to consent for necessary medical treatment, or I am unable to give such consent, whether or not of an emergency nature. I give permission to the physician or medical treatment facility selected by the Representative to hospitalize me or my child, or to administer or secure proper treatment (including injection, anesthesia or surgery) as the physician recommends as reasonable. I understand that notification to the parent of a child or to the person named herein to receive notification will take place as soon as practicable. In addition, my child has permission to engage in all activities or games, except as noted.

Signature: _____ Date: _____
Custodial Parent or Legal Guardian, or Adult Applicant

Witness: _____
An adult who can attest to the above signature – not the Applicant

I approve this Applicant for participation in this Diocesan Youth Event:

If this Application is for *participation* in a Happening, I believe the Applicant to be at a point on his or her spiritual journey that the Happening experience will be appropriate and meaningful for him or her.

A Priest, Youth Minister, or Warden of the Applicant's Parish Church

If the Applicant will be 18 years old or older at any time during the event (including those who will be 21 or older):

The Applicant named above is personally known to me. I believe this Applicant is of sufficient sensibility and maturity to safely interact with Children and Young Persons (Under 18).

Signature: _____
A Priest, Youth Minister, or Warden of the Applicant's Parish Church

If the Applicant will be 21 years old or older at any time during the event:

I certify that I have completed Boundaries Training as provided by the Diocese, and give my permission for verification of this fact, the lack of which will preclude my participation.

In the event that the Rules of the Conference Center and/or the Diocese of Louisiana require an investigation to be performed on my criminal background, I give my full permission for such an investigation. I understand that all appropriate means will be used to safeguard my personal privacy in regard to the results of this investigation.

Signature: _____ Soc. Sec. No: _____

INSTRUCTIONS: Obtain signatures on all applicable lines of this form. If you are certain it can be received prior to the event, mail it to: SECC, 54296 Highway 445, Loranger, LA 70446. Otherwise, you may carry it with you on arrival for the event.

WITHOUT THIS FORM, PROPERLY EXECUTED, PARTICIPATION WILL NOT BE ALLOWED