Youth Participant Permission Form PARENT PERMISSION

	nse check all that apply and sign below me of Youth Participant:		
School/Grade:			
Par	rish Church:	ne:	
Youth Minister/Primary Adult Chaperone: Pitt			
	I give permission for my child to participate in the Episcopal Diocese of Pittsburgh Youth Initiative "Go Take a Hike" event on August 21, 2010. I give consent for my child to receive emergency medical care if necessary. I give permission for my child to be photographed for print, video, or electronic imaging. The images may be used in promotional materials, news releases, and other published formats.		
In t Par	he event of an emergency, please cont ent Name:		
Cell Phone:			
Insurance Provider:			
	spital Preference:	Group #:	
Plea	ase list any health-related information	(allergies, dietary or activity restrictions, current medications, etc.):	
PARENT SIGNATURE DATE			

PARTICIPANT CODE OF CONDUCT

"... set the believers an example in speech and conduct..." 1 Timothy 4:12

I WILL cooperate with the adults in charge, respect the people and places with which I come in contact, and be responsible for my personal belongings, my actions and my speech. I will observe all safety regulations and directions. I understand that if I am involved in any unacceptable behavior, after sufficient warning, it is at the discretion of the adult leaders that my parents/guardians may be contacted and I may be sent home. If so, it will be the responsibility of my parents/guardians to pick me up and any expense incurred in doing so will be their responsibility.

PARTICIPANT SIGNATURE

DATE