**FAITH FORMATION @SAINT GABRIEL’S**

**REGISTRATION & PERMISSION TO PARTICIPATE 2023-24**

\_\_**I DO hereby give permission** to Saint Gabriel’s Episcopal Church, to use pictures/video of my youth(s) for purposes of newspaper articles, website, social media posts, brochures, church communication pieces, and the like.

**\_\_I DO hereby give permission** for my child to participate in all activities AND have informed staff of any and all limitations or concerns.

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE/GRADE\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE/GRADE\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE/GRADE\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE/GRADE\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE/GRADE\_\_\_\_\_\_\_\_\_\_\_

*Allergies or Other Relevant Info:*

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian email address

\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Parent/Guardian Cell

**I DO NOT CONSENT TO:**

Pictures/Video \_\_\_\_\_\_

Youth Cell Communication \_\_\_\_\_

Social Media Communication \_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date \_\_\_-\_\_\_\_-\_\_\_\_\_\_