

# ADGL 2025 Summer Mission Trip

## Registration Form

Youth name\_\_\_\_\_

Age\_\_\_\_\_

Gender\_\_\_\_\_

*(Additional Youth)*

Youth name\_\_\_\_\_

Age\_\_\_\_\_

Gender\_\_\_\_\_

Youth name\_\_\_\_\_

Age\_\_\_\_\_

Gender\_\_\_\_\_

Home Church\_\_\_\_\_

The above children have my permission to attend the ADGL Youth Summer Mission Trip, July 6-12, 2025.

Signed: \_\_\_\_\_

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

Relationship to Young Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Consent & Release Form/Permission for Medical Treatment

Youth's/Child's Name \_\_\_\_\_ Date: \_\_\_\_\_

The above named youth/child(ren) has my permission to participate in the 2025 ADGL Youth Summer Mission, and to be transported by private vehicle when necessary. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Anglican Diocese of the Great Lakes, or any of its member congregations, the sponsors, the owner and/or driver of the vehicle furnishing transportation to the event and any adult volunteers assisting with the event. I further agree to direct my son/daughter/ward to conform to the fullest with the directions and instructions of the adults in charge.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Parent/Guardian Name (Printed)*

\_\_\_\_\_  
*Home Address & Contact Phone Number*

\_\_\_\_\_  
*Father's Cell*

\_\_\_\_\_  
*Father's Email Address*

\_\_\_\_\_  
*Mother's Cell*

\_\_\_\_\_  
*Mother's Email Address*

\_\_\_\_\_  
*Youth's Cell, if applicable*

\_\_\_\_\_  
*Youth's Email Address, if applicable*

Other parent and / or contact \_\_\_\_\_  
*Name* *Contact Phone, if not parent*

Other Instructions  
\_\_\_\_\_

## Medical Care Permit

To Whom It May Concern:

As a parent and/or guardian of the child named above, I authorize treatment of said child by a qualified and licensed medical professional in the event of a medical emergency which, in the opinion of the attending physician, may endanger the child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

---

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Name (Printed) \_\_\_\_\_

Family Physician: \_\_\_\_\_  
Name Phone

Preferred medical facility \_\_\_\_\_

Specific medical allergies, chronic illness or other condition \_\_\_\_\_

---

Another person to contact in case of emergency \_\_\_\_\_  
Name Contact phone number

### Consent for Use of Photographs

*The Anglican Diocese of the Great Lakes from time to time takes photographs of children for use in church-related publications, videos and internal communications including, but not limited to, photo directories for use by teachers and classmates as community-building tools; on our public website (without names); on social media; in press releases to local media and diocesan and national church publications, and brochures. Please complete this form to either agree or disagree to the following statement:*

My signature on the front of this form indicates that I authorize and give full consent to the Anglican Diocese of the Great Lakes, or any of its member congregations, to use in internal publications and/or communications, on their website, and in press releases to local media and diocesan and national church publications, all photographs in which my child appears while involved in the ministries of ADGL.

☐ I approve the foregoing and consent to the use of photographs subject to the terms mentioned above. I affirm that I am the parent or legal guardian of the child named on the front of this form, and have the legal right to issue such consent. *(If you checked this box, please continue on to the following special section pertaining to Facebook and other social media.)*

### Special consideration for Facebook and other social media:

☐ My child's picture may appear in pictures on the Anglican Diocese of the Great Lakes, or any of its member congregations, public Facebook page and on other social media the diocese might use for communications purposes, in accordance with the above policy.

☐ My child may be tagged in such pictures if he or she has a Facebook or other social media account.

☐ My child's picture may appear on Facebook and other social media, but he or she may not be tagged.

☐ My child's picture may not appear on the aforementioned public Facebook page or other social media.

☐ *(If you checked any of the above boxes, please DO NOT check this box.)* I do not authorize or grant consent for the use of such photographs.