

Student Registration Form

(To be given to parish youth minister, DRE or parish coordinator)

Please print clearly

Your Name _____

Address _____

City, State, Zip _____

Home Phone _____

Your age _____ Your grade _____ Male _____ Female _____

Parish: _____ City: _____

Emergency Contact:

Name _____

Relationship to youth: _____

Home Phone _____ Cell Phone: _____

Parish Group Contact/Leader _____

Do you have any special dietary or other needs we can help you with? Please note:

Parent Permission Form For Consume My Heart Diocesan Youth Rally

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees from St. Joseph and SS. John and Bernard Parish.

Name of the Event: "Consume My Heart" Diocesan Youth Rally

Destination: St. Jerome Catholic Church (229 Collier Ave., Battle Creek, MI 49037)

Designated Supervisor of Activity: Chad Roden

Date and Time of Departure: Saturday, November 4th 2017 from 12:30 PM – 8:45 PM

Method of Transportation:

Student Cost: \$20

If you would like your child to participate in these events, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****Statement of Consent*****

I herby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parishes' employee during the 2017 Consume My Heart Diocesan Youth Rally. I further consent to the conditions stated above on participation in these events, including the method of transportation.

In consideration of my child being allowed to participate in this youth event, I herby agree on behalf of myself and my child to release St. Joseph and SS. John and Bernard Parishes, the Roman Catholic Diocese of Kalamazoo, and any affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the this youth event. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I herby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in this youth event. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim. With my signature I hereby grant permission to the Diocese of Kalamazoo and St. Joseph and Sts. John and Bernard Parishes to publish my child's name, photo or video image in connection with a feature story, or other publication as deemed appropriate by the Diocese and Parishes.

(Print Parent Name)

(Parent's Signature)

(Date)

Please return this **ENTIRE** form to the Parish Offices by October 23rd.

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Minor's Date of Birth: _____ Age: _____ Home Phone _____

Reason for which release is intended: 2017 Diocesan Youth Rally: *Consume My Heart*

Address of Minor: _____ City: _____

Emergency Contact: _____ Relationship to Minor: _____

Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)

Youth Code of Conduct

* Let all your actions and words contribute to the enjoyment of everyone. Be your best self: representing your parish/school and yourself to the best of your ability.

* Participants must attend all of the scheduled activities.

* Name tags must be worn at all times and easily visible.

* Participants must stay within the designated areas at all times.

* No foul language.

* Smoking is not permitted for any participants, youth or adult.

* No alcohol or drug (except prescription) is to be brought or consumed.

*** All electronics are to stay at home. If a cell phone comes for emergency purposes, it is expected that the ringer will be turned off for the duration of the event.**

* If any participant does not observe these guidelines, his/her parents will be called to make arrangements for the person to leave early.

* If you notice a violation of these guidelines please inform any one of the individual's parish coordinator.

STUDENT SIGNATURE _____ DATE _____
(must be signed by student – not by parent)