

YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE

EVENT INFORMATION

Class/Grade Level: high school Event Description: Canoe Trip
Purpose of Event: youth ministry fun!
Date/Approx. Time of Departure: 8am on Friday, July 24th
Date/Approx. Time of Return: 2:30pm Mode of Transport: CARS
Overnight Accommodations (If applicable): N/A
Additional Information: All youth must wear a life jacket (provided) & mask in the car
pack your lunch

(Please detach and return portion below to the parish youth ministry director):

PARENT/GUARDIAN PERMISSION AND RELEASE*:

Parent/Guardian Name: _____
Address: _____
Telephone: _____ Email: _____
Participant Name: _____ Participant Age: _____ Participant Grade: _____

If you would like your child to participate in this event, please fill in the blanks, date, and sign:

I allow my child to participate in the parish event trip to _____ (fill in Destination)
on _____ (fill in Date).

In consideration of the aforementioned participant, my child, being allowed to participate in this event, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazard not ordinarily encountered in the parish youth ministry program. Further, on behalf of myself, my child, and my child's other parent/guardian, I hereby release and agree to hold harmless the above named parish and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the event, regardless of whether the injury or damage is attributable to the fault of parties other than the Parish or Diocese or attributable to the fault, including negligence, of the Parish or Diocese.

I have instructed my child to follow the rules of conduct as directed by the parish youth ministry program and Diocese.

Date

Parent/Guardian Signature

Parent/Guardian Printed Name

*A new Event Participation form must be completed for **each** Event. Information provided in the Annual Emergency Medical Care Form will apply to each Event in which your child is allowed to participate during the Youth Ministry Program year. Parents/guardians are responsible for updating the information on that form should changes occur during the Youth Ministry Program year.

2020-2021 ANNUAL EMERGENCY MEDICAL CARE FORM

Note: Parents must complete, sign and submit this form prior to the commencement of each Parish Youth Ministry Program year for each child enrolled in a Parish Youth Ministry Program. **Parents are responsible for updating the information on this form should changes occur during the Parish Youth Ministry Program year.**

Consent to Emergency Medical Care

Name of Child: _____ Parish: _____ Grade: _____

In the event of an emergency, I request that the parish make reasonable attempts to contact me at _____ (phone number) or _____ (other parent/adult) at _____ (phone number).

I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

_____ Dr. _____ is my preferred physician and Dr. _____ is my preferred dentist.

_____ _____ is my preferred hospital.

_____ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

_____ Other: _____

The parish may also disclose the following checked information to a health care provider:

_____ Insurance Information: Insurance Company Name: _____
Policy/Group/Claim No.: _____

_____ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date _____ Parent/Guardian Signature _____ Email _____

Parent/Guardian Name Printed _____

Electronic Communication Notification & Release / Photo and Media Consent and Release

Part I. During the 2020-2021 youth ministry program year the parish, school or organization of St. Charles Borromeo will use the following forms of communication and technology to communicate with your minor child regarding various educational or programming events.

Parents / Guardians may check any and all of the following forms of electronic communication that they would like to approve for the parish, school, or organization to use with their minor child.

Preparer should list all the means of electronic communication, and only those means that will be used by the youth ministry.

_____ Parish/organization website <https://www.stcharlesfortwvavne.org/growing-in-faith-high-school-youth>

_____ Social networking sites: Facebook <https://www.facebook.com/stcharlesdisciple> Instagram <https://www.instagram.com/st.charlesyouthministry/?hl=en>

_____ Educationally appropriate websites or applications as chosen by parish personnel

_____ Email on public sites such as Gmail, MSN.com, Yahoo.com

_____ Text messages

_____ Telephone calls

_____ Instant messages

_____ Online video streaming

_____ Two-way video and audio communication such as Zoom

I grant my child, _____ permission to participate in the
(Print Name of Minor)

forms of electronic communication listed above in relation to the various programming events of St. Charles Borromeo.

Would you like the parish/school to include you on all group communications to your minor child?

_____ Yes, please copy me on all group messages sent to my minor child

_____ No, please DO NOT copy me on group messages sent to my minor child (I will still be copied on individual messages sent to my minor child)

Part II. 2020-2021 PHOTO AND MEDIA CONSENT AND RELEASE:

_____ I agree that St. Charles Borromeo, and/or the Diocese of Fort Wayne-South Bend may use photographs, video or other media of my child for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising, and Web content.

_____ No, I do not grant St. Charles Borromeo, the right to take photographs, video or other media of my child.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)

Contact Information:

Minor's Email Address: _____

Parent/Guardian's Email Address: _____

Minor's Cell Phone # (ONLY if approved for Text Messages/Phone Calls):

Parent/Guardian Cell Phone # (ONLY if approved for Text Messages/Phone Calls):
