**YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE**

**EVENT INFORMATION**

Class/Grade Level: High school Event Description: National Catholic Youth Conference (NCYC)

Purpose of Event: Spiritual Formation

Date/Approx. Time of Departure: Thursday, November 18th in the afternoon, exact time to be announced

Date/Approx. Time of Return: Sunday, November 21st in the late morning, exact time to be announced

Mode of Transport: Volunteer adult chaperones will drive the group in their vehicles

Overnight Accommodations (If applicable): Hotel near the convention center organized by the FWSB diocese

Additional Information: Turn in $225 to St. Charles by October 31st, also make sure the Annual Welcome Packet forms are turned in. The packet is here: www.stcharlesfortwayne.org/welcome-packet

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(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.

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 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.

 01/2018