

St John the Baptist Catholic Church
2016-2017 CONSENT TO PARTICIPATE
HIGH SCHOOL YOUTH MINISTRY PROGRAM

Dear Parent/Guardian:

Your child is eligible to participate in the St. John the Baptist Youth Ministry program for the school year 2016-2017 (including the following summer). The group will meet under the supervision of the staff of St. John the Baptist Parish (the "Parish") and in accordance with the policies of the Diocese of Salt Lake City (the "Diocese").

Meetings are usually held from 7:00-8:00pm on the 1st & 3rd Wednesdays of each month. (Officers meet at 6:00pm on the 1st Wednesday of the month.)

Significant Activities for 2016-2017 are: RE Congress Youth Day, Anaheim, Calif. on February 22 -25. (Cost is \$400: \$100 deposit & Permission Form to confirm spot is due October 2); and the Mission Trip to the Crow Indian Reservation, Mt on July 22 - July 29. (Cost is \$600. Initial deposit of \$50 with current 2016- 2017 Permission to Participate Form and Mission Field Trip Form are due Sept 7 to confirm a spot). If deposit is not received prior to deadline, participation is based on space availability. All deposits and payments for these two activities are non-refundable (SJB pre-pays a non-refundable fee for each of these activities).

Please review, complete with signature, and return this form to Deacon Paul (paulgraham1958@aol.com).

Information, permission forms, and activity costs are typically maintained on the parish Web Calendar (<http://sjbparish.mhsoftware.com/ViewCal.html>).

CHILD'S INFORMATION:

Participant's name: _____ Birth date: _____ Sex: M / F

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

School: _____

Grade for '15-'16: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____

Relationship to child: _____

Work Phone: _____ Mobile Phone: _____

Parent/Guardian 2: _____

Relationship to child: _____

Work Phone: _____ Mobile Phone: _____

Primary Parent/Guardian Email: _____

EMERGENCY CONTACTS: In the event of an emergency, if you are unable to reach a parent/guardian above, please contact the following person(s):

Name: _____ Relationship to Child: _____

Phone: _____

Child's Physician: _____ Phone: _____

INSURANCE INFORMATION:

Medical Insurance Company: _____ Policy Number: _____

Address: _____ Phone: _____

CONSENT: I hereby consent to participation by my child in the SJB Youth Ministry program. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan and/or SJB publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese of Salt Lake City in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: I hereby release and hold harmless the Diocese of Salt Lake City, the Parish, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

I wish to receive copies of emails at: _____

Calling Tree: I would like the following number to be used for the YAB Calling Tree: _____

SPECIFIC MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date(s) of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? No Yes

Any physical limitations? No Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, or fainting?
No Yes

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, or N1H1?
No Yes

If "Yes" has been marked for any of the above and/or the Parish should be aware of this or any other medical conditions of your child, please explain in detail:

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Parish/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and St. John the Baptist Parish. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to St. John the Baptist Parish.

I would like to be added to the Parent Chaperone list. No Yes If "Yes", In addition to myself, I am able to accommodate _____ others in my vehicle.

Parent/Guardian Signature: _____ Date: _____