Diocese of Winona-Rochester **Holy Spirit Parish**

Youth

Event: **Steubenville Catholic Youth Conference** Dates: **July 12-14, 2019**

Location: **Mayo Civic Center, Rochester, MN**

Mode of Transportation **Parents to provide transportation to and from the Civic Center each day of the conference.**

Cost: $190 if register by January 15. After 1/15, cost will be $205 Turn in this completed form with a check payable to Holy Spirit for $90 (by 1/15) or $105 (after 1/15).

Parish/School Name & City **Holy Spirit Parish** Parish Group Leader: Mary Nowakowski

Name: _____ Gender: Male / Female *(circle one)*

Address: _____

Home Phone: _____ Cell:_____

E-mail:_____

Date of Birth: _____ /_____/_____ Age *at time of event*:_____ T-shirt Size: _____ (S, M, L, XL, XXL)

School Grade *at time of event:* _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Home Phone: _____ Work: _____ Cell: _____

PARENTAL CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

I, _____, grant permission for _____
Parent's or Guardian's Name (printed) Child's Name (printed)

to participate in the above named activity and I warrant that my child is in good health, and assume all responsibility for the health of my child. In consideration of my child's participation, I agree to indemnify the above named parish/school and the Diocese of Winona-Rochester/Holy Spirit from any claims or law suits brought against the above named parish/school / Diocese of Winona-Rochester by myself, my child, our heirs, successors and assigns, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to pay the cost of medical treatment in connection therewith, and agree to compensate the parish and the Diocese of Winona-Rochester for expenses incurred.

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____ _____ _____
Alternative contact name (printed) Relationship Home Phone

_____ _____
Work Phone Cell Phone

Medication my child is taking at present:

_____.

My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows:

_____

Family Health Plan Carrier_____Policy#: _____

Family Doctor_____Clinic_____ Phone#: _____

PLEASE PROVIDE A COPY OF YOUR INSURANCE CARD.

The undersigned parent/guardian hereby consents that the Diocese of Winona-Rochester and/or Holy Spirit Parish be permitted to use and publish for advertising, commercial or publicity purposes, the likeness (picture) of my child for lawful purpose and the undersigned parent guardian does hereby release the Diocese of Winona-Rochester and/or Holy Spirit Church from any liability in connection with such use.

Student signature: _____ Date: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

_____ _____

Signature Date

OPTIONAL MEDICAL INFORMATION: Specific Medical Information: Holy Spirit Church will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.)_____
- Date of last tetanus/diphtheria immunization_____
- Does your child have a medically prescribed diet?_____
- Any physical limitations?_____
- Is your child subject to emotional reactions to new situations, fainting, etc.?_____
- You should also be aware of these special medical conditions of my child:_____

Optional: I hereby grant permission for the following Over the Counter medication (such as non-aspirin products, i.e.: acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable**.**

_____ _____

Parent/Guardian Signature Date