

Diocese of Kansas City – St. Joseph Participation Form for Youth Ministry Overnight Event

(This form is for anyone who is under 21 years old. Please Print)

Event Information

Parish/School/Organization Name: **Our Lady of the Presentation Parish**
Event: **Middle School Lock In**
Destination: **Legacy Park, Lee's Summit**
Date/Time of Check In/Departure: **Saturday, Feb 9th at 8:45pm at St. Margaret's Church**
End Time: **Sunday, Feb 10th at 5:55am sharp at Legacy Park**
Method of Transportation: **None—meet at St. Margaret's**

Return \$20 fee and permission form by Feb 4th @ 5pm to YOUTH MINISTRY LOCK BOX. Youth Ministry lockboxes are located in the parish office entryway and on the outside of the yellow house. Both are accessible 24 hours a day. Your registration is not complete until ALL required documents are in the Youth Ministry Office. Adult Chaperones are needed. Please contact the Youth Ministry Office 816-251-1107 for more information. All chaperones must be compliant with diocesan safe environment guidelines.

Participant Information

Name of Participant: _____

Gender: _____ Date of Birth: _____ Current Grade _____ School _____

Name of Parent/Guardian 1: _____ Phone/Cell# _____

Name of Parent/Guardian 2: _____ Phone/Cell#: _____

Teen Participant Cell Phone # _____ T-Shirt Size: S M L XL XXL

Other Contacts in case of illness or injury, please list how this person is associated with you: (ie. Mom, aunt, etc.)

Name/Phone: _____ Name/Phone: _____

Participant Information (Health)

Are you in general good health and able to participate in normal activities? _____ Yes _____ NO
If NO, please describe your limitations. Use a separate sheet if necessary.

Medications: List any prescription medications you are taking, and frequency of dosage. Also, please list any over-the-counter medications you will be bringing to the event.

Prescriptions/Dosage: _____

Over-the-Counter: _____

Diet: Identify any special dietary needs, please list food allergies: _____

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: _____

All immunizations up to date? _____ YES _____ NO Date of Last Tetanus Booster: _____

Physician's Name: _____

Telephone: _____ Address _____

Participant's Health Insurance Provider: _____

Policy or Group# _____

Primary Policyholder Name: _____

PLEASE COMPLETE BOTH SIDES OF FORM

BE SURE TO PROVIDE PARENT EMAIL, SIGNATURES OF ONE PARENT AND PARTICIPANT

Permission of Parent/Guardian

I/We, the parent(s)/guardian(s) of _____, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes. **Initials** _____

I/We give my/our permission to Youth Ministries to contact me with pertinent information regarding upcoming Events at the email address indicated. **Initials** _____

Parent Name: _____ **Email Address 1:** _____

Parent Name: _____ **Email Address 2:** _____

Consent for Disclosure to Individual Involved in the Care and Treatment of Participant

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

_____ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

_____ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith. I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

Signature of Parent/Guardian

Date

Participants are NOT allowed to leave an event early without written or verbal permission from a parent or guardian to a designated adult chaperone.

YOUTH CONTRACT:

I, _____, agree to abide by the following:

- I will stay within the boundaries set forth by the adult chaperones. I will not leave the designated area without permission.
- I will respect the chaperones, individuals and property where the event will take place.
- I will report to chaperones at designated times to ensure my personal safety.
- I agree not to bring or use drugs, cigarettes, or alcohol while on church property, to and from the event, and while at the event destination.
- I will be ready to depart and return from the event at the designated times.

Youth Participant Signature: _____ **Date:** _____