

OUR LADY OF THE PRESENTATION PARTICIPATION FORM FOR YOUTH MINISTRY EVENT

(This form is for anyone under 18 years old who would like to participate in Youth Ministry events. Please Print)

Youth Ministry Office 816-251-1103 www.OLPLS.org

All 18 and over attending youth events must have a Protecting God's Children Certificate on file.

See Youth Ministry Calendar for ALL events.

ATTENTION PARENTS: Your child is considered REGISTERED for a particular event ONLY when: (1) your payment (if applicable) is received in the Youth Ministry office by the deadline for that event (2) Your child's fully completed permission form is on file in the YM Office. If you have questions, please contact the Youth Office at 251-1103. **www.OLPLS.org** Place your permission forms in the Youth Ministry Lock box located just inside the parish office glass entry or outside the Yellow House. (Forms are required for OFF-SITE events only).

Initial the event you plan to attend.

	Event Date	Event	Details	Cost	Form & fee DUE by this date
Initial here if attending	Sat. Oct 12	UPLIFT Sorting Day	Depart 8:30am Grades 6 & up! Pickup 12:30pm	FREE	Oct 4 @ 6pm
Initial here if attending	Sun Oct 20	Hayride & CornMaze FUN FARM, Kearney	Depart 1:15m Grades 6 & up! Pick up 7:45pm	\$15.00 plus your spending \$	Oct 11 @ 6pm
Initial here if attending	Wed Dec 18	Christmas Caroling Little Sisters of the Poor	Depart 5:30pm Grades 6 & up! Pick up 8:00pm	FREE	Dec 11 @ 6pm
Initial here if attending	Sat Feb 1	Harvesters KC	Depart 9:15am Grades 6 & up! Pick up 12:45pm	FREE	Jan 24 @ 6pm
Initial here if attending	Tue Mar 17	One City Cafe	Depart 3:15pm Grades 6 & up! Pick up 7:00pm	FREE	Mar 6 @ 6pm

PARTICIPANT INFORMATION

Name of Participant: _____ Gender Male Female

Date of Birth: _____ Grade in 2019/20 _____ School _____

PARENT/GUARDIAN INFORMATION

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

Email for Parent/Guardian #1 _____

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

Email for Parent/Guardian #2 _____

Other Contacts in case of illness or injury:

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: _____

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Diet: Identify any special dietary needs: _____

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: _____

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:** _____

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:** _____

PERMISSION FORM & FEE MUST BE TURNED IN BY DEADLINE TO YOUTH MINISTRY OFFICE TO BE OFFICIALLY REGISTERED FOR THAT EVENT.