

**YOUTH MINISTRY EVENT PARTICIPATION PERMISSION AND RELEASE**

**EVENT INFORMATION**

Event Description: Build, fix and/or beautify property of those in need in Prestonsburg, Kentucky and the surrounding area.

Purpose of Event: Be the hands and feet of Christ by giving our time, talent and the treasures we raised to those in need.

Date/Approx. Time of Departure: 8:30 am (meet at 8:00 am) on Saturday, July 30, 2022

Date/Approx. Time of Return: 5:00 pm on Saturday, August 6, 2022

Mode of Transport: Cars driven by chaperones

Overnight Accommodations: Separate cabins for males and females. Adults are in the same cabins, but separate rooms from teens.

Cost: \$200 Packing List: See attached form.

Emergency Contact Information: Stephanie Hamilton 260-610-3777. If you cannot reach Stephanie, you may call the trip coordinators: Audrey at 606-477-3950 or Ed at 606-477-3952.

\*\*\*\*\*

**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 **Prestonburg, KT** on **July 30-August 6, 2022**.

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.

\_\_\_\_\_  
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.

**2022-2023 ANNUAL EMERGENCY MEDICAL CARE FORM**

**Note:** Parents must complete, sign and submit this form prior to the commencement of each Parish Youth Ministry Program year for each child enrolled in a Parish Youth Ministry Program. **Parents are responsible for updating the information on this form should changes occur during the Parish Youth Ministry Program year.**

**Consent to Emergency Medical Care**

Name of Child: \_\_\_\_\_ Parish: \_\_\_\_\_ Grade: \_\_\_\_\_

In the event of an emergency, I request that the parish make reasonable attempts to contact me at \_\_\_\_\_ (phone number) or \_\_\_\_\_ (other parent/adult) at \_\_\_\_\_ (phone number).

**I understand that in an emergency, exigent circumstances may prevent the parish from contacting me immediately, or the parish may be unable to reach me. I therefore consent to the parish taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.**

I understand that decisions concerning the type of emergency medical care or treatment administered are normally made by health care providers and not by the parish and that exigent circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the parish may disclose to a health care provider. (Parents/guardians may check and complete any of the following):

\_\_\_\_ Dr. \_\_\_\_\_ is my preferred physician and Dr. \_\_\_\_\_ is my preferred dentist.

\_\_\_\_ \_\_\_\_\_ is my preferred hospital.

\_\_\_\_ Receipt of my consent prior to my child receiving major surgery unless the medical options of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

\_\_\_\_ Other: \_\_\_\_\_

The parish may also disclose the following checked information to a health care provider:

\_\_\_\_ Insurance Information: Insurance Company Name: \_\_\_\_\_  
Policy/Group/Claim No.: \_\_\_\_\_

\_\_\_\_ The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

I understand that in the event of an emergency, the parish will make reasonable efforts to notify a health care provider of the above-checked information, but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Parent/Guardian Signature \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Date \_\_\_\_\_

**Electronic Communication Notification & Release / Photo and Media Consent and Release**

**Part I.** During the 2022-2023 youth ministry program year the parish, school or organization of St. Paul of the Cross will use the following forms of communication and technology to communicate with your minor child regarding various educational or programming events.

**Parents / Guardians may check any and all of the following forms of electronic communication that they would like to approve for the parish, school, or organization to use with their minor child.**

- Parish/organization website ([www.spygcc.weebly.com](http://www.spygcc.weebly.com), and [www.saintpaulcc.org](http://www.saintpaulcc.org))
- Social networking site (Instagram @spygcc, Facebook @spygcc)
- Educationally appropriate websites or applications as chosen by church personnel
- Text and/or e-mail from Remind app (@spygc) and/or Flocknote
- Text messages (260-610-3777)
- Telephone calls (260-610-3777)
- Volunteer sign-ups via Ministry Scheduler Pro
- E-mail from youthministry@saintpaulcc.org
- Reply to instant/direct messages on Instagram or Facebook if child initiates with a youth ministry related question (will forward reply to parent).
- Online video streaming

I grant my child, \_\_\_\_\_ permission to participate in the  
*(Print Name of Minor)*

forms of electronic communication listed above in relation to the various programming events St. Paul of the Cross.

**Would you like the parish/school to include you on all group communications to your minor child?**

- Yes, please copy me on all group messages sent to my minor child
- No, please DO NOT copy me on group messages sent to my minor child (I will still be copied on individual messages sent to my minor child)

**Part II. 2022-2023 PHOTO AND MEDIA CONSENT AND RELEASE:**

I agree that St. Paul of the Cross, and/or the Diocese of Fort Wayne-South Bend may use photographs, video or other media of my child for any lawful purpose, including but not limited to such purposes as publicity, illustration, advertising, and Web content.

No, I do not grant St. Paul of the Cross, the right to take photographs, video or other media of my child.

\_\_\_\_\_  
*(Printed Name of Parent/Guardian)*

\_\_\_\_\_  
*(Signature of Parent/Guardian)*

\_\_\_\_\_  
*(Date)*

**Contact Information:**

Minor's Email Address: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Minor's Cell Phone # (ONLY if approved for Text Messages/Phone Calls): \_\_\_\_\_

Parent/Guardian Cell Phone # (ONLY if approved for Text Messages/Phone Calls): \_\_\_\_\_