

Youth Form

Parish _____

Participant Name* _____

Name for Name Badge* _____

Father's Name _____

Mother's Name _____

Participant Cell Phone* If none, please put N/A _____

Father's Cell Phone _____

Mother's Cell Phone _____

Participant Email If none, please leave blank _____

Father's Email _____

Mother's Email _____

Address* _____

City, State, Zip _____

Gender* (circle one) Male Female

Grade completed in 2018-19 school Year _____

School Attended _____

Birthdate _____

T-Shirt Size* _____

Birthdate* _____

Contact in case of Emergency* _____

Relationship to participant* _____

Emergency Contact Phone Number* _____

Have you attended Virtus: Protecting God's Children?* (circle one) Yes No

Are you in good health and able to participate in normal activities?* Yes No

Identify any medications you will be bringing with you* _____

Physician's Name* _____

Physician's Phone Number* _____

Identify any special dietary restrictions:* _____

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

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Permissions

- I/We, the parent(s)/guardian(s) of the participant listed above, 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 the participant during the event for future promotional purposes.

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.

- 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.

- You MAY contact my child directly
- You MAY NOT contact my child directly
- Please copy me on any communications

Signature* _____

Date _____