

St. Margaret Mary Catholic Church Youth Ministry Coalition for the Homeless 2011/2012

2011 (*M/S) Mondays: August 8; September 12; October 10; November 14; December 12

(**H/S) Wednesdays: August 10; September 14; October 12; November 9; December 14

2012 (*M/S) Mondays: January 9; February 13; March 12; April 9; May 14; June 11; July 9

(**H/S) Wednesdays: January 11; February 8; March 14; April 11; May 9; June 13; July 11

*M/S = Middle School (Grades 6-8) **H/S = High School (Grades 9-12)

Participant's Name: _____ **Date of Birth:** _____

Address: _____ **City/Zip:** _____

Grade (Fall 2011): _____ **School Attending:** _____

Home Phone: (____) _____ **Email:** _____

Parent/Guardian's Name: _____

Cell Phone: (____) _____ **Work:** (____) _____

Other number where Parent/Guardian can be reached during event: (____) _____

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship: _____

Phone: (____) _____ **Cell:** (____) _____

Video/Photography Consent

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office of Youth and Young Adult Ministry &/or the Diocese of Orlando. (Participants would not be identified, however, without specific written consent.) Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

I hereby expressly assign to the Diocese of Orlando, and to all it's agents all the rights, title and interest in, and to all photos/videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping of this event. I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or any distribution of said photos/videotape without limitation for any purpose whatsoever; and I further waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian Signature

Date

Consent & Liability Waiver

In consideration of the program in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany St Margaret Mary Catholic Church program to:

Event & Location: Coalition for the Homeless, 639 W Central Blvd, Orlando FL 32801

Date & Time: Dates listed, 4:30pm – 8:30pm

Method of Transportation: Car or Van

I acknowledge receipt of the attached information sheet describing the planned activities.

I acknowledge that St Margaret Mary Church is providing transportation only from the Church's property to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with the St Margaret Mary Church's rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, St Margaret Mary Church, the Diocese of Orlando, and any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature

Date

Medical Release/Information

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

Insurance Carrier: _____

Name of Insured: _____

Policy #: _____

Allergies (list):

Current Medications (list):

Chronic/Acute Illnesses:

Other Important Medical Information:

Parent/Guardian Signature

Date