

ST. CATHERINE OF SIENA YOUTH MINISTRY

EVENT INFORMATION (KEEP THIS PORTION)

EVENT NAME: **Feed My Starving Children with TREC Middle School Youth Group**

DATE **Thursday, December 20, 2018**

START/END TIME: **5:00-8:00pm (Carpool from St Catherine's, Serve from 6-7:30pm)**

COST: **None!** DATE PERMISSION FORM DUE: **Limited Spots! Turn in Waiver to reserve your spot ASAP!**

TRANSPORTATION: **VOLUNTEER DRIVERS**

PERMISSION FORM & MEDICAL INFO FOR **Feed My Starving Children**

Please *PRINT* all information (send in this portion):

Participant's Name: _____

PARENT EMAIL ADDRESS (for updates & reminders about this event): _____

Parents Home Phone: _____ Parent's Cell Phone: _____

What is the best way to reach you? Cell _____ Home _____ Email _____

Address: _____

City & Zip: _____ Birthday _____ Gender: M F

School: _____ Grade _____

Medications, allergies, medical conditions, physical limitations, or other important info we may need:

I give permission for my child, _____, to attend **Feed My Starving Children Schaumburg, IL on Monday, January 8th**. I hereby release and indemnify St. Catherine of Siena Parish, Rockford Diocese, the staff and volunteers, and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I agree to accept all financial responsibility as a result of scheduling medical treatment.

I also understand that if my child fails to cooperate with event rules and regulations they may be immediately dismissed from the event and it is my responsibility for picking up my child as necessary.

Video/Photography: I consent to being photographed & having my child photographed (by video photography or still photography and with or without sound track) and interviewed and waive all rights relating to production, acquisition, sale, usage and distribution of such material, in any form, worldwide.

Parent Name (please print): _____

Parent Signature: _____ Date: _____

Phone #s in Emergency: _____ please circle: mother / father: cell home work
_____ please circle: mother / father: cell home work

Regular Physician: _____ Phone: _____

Insurance Co. _____ Policy # _____

Policy Holder _____

FOR VOLUNTEER DRIVERS, ARE YOU WILLING TO DRIVE?	YES	NO
Would you like to drive both ways?	YES	NO
Would you like to stay for the event and participate?	YES	NO
Would you like to drive one-way?	To event	From event
Have you taken the required class, Protecting God's Children?	YES	NO