

2023-2024 PROGRAM PARTICIPATION FORM
St. Aloysius Youth Ministry

Youth Name: _____ Birthdate _____

Address _____ School _____ Grade _____

PROGRAM PARTICIPATION PERMISSION AND RELEASE OF LIABILITY

This form certifies that my child, _____ is physically and mentally fit to participate St. Aloysius Youth Ministry activities and trips (hereafter referred to as "the program") and has my **permission** as parent/guardian to participate in the program.

I VOLUNTARILY AND KNOWINGLY ACCEPT AND ASSUME THE KNOWN RISKS involved in the program for myself and my child named above and, in consideration for St. Aloysius Parish allowing us to participate in the program, on behalf of myself, my heirs, executors, administrators, and assigns, I hereby FULLY RELEASE AND FOREVER DISCHARGE the parties named above, and only those parties, along with their officers, agents, employees, successors, assigns, and volunteers, from any and all losses, expenses, inquiries, demands, actions, causes of action, damages, rights and claims, of whatsoever kind of nature, whether in law or in equity, arising out of or in connection with our participation in the program, and further WAIVE ANY RIGHTS we may have in that regard against those Released Parties.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby ASSUME FULL RESPONSIBILITY for any and all matters listed above.

THIS RELEASE KNOWINGLY AND VOLUNTARILY SIGNED WITH THE INTENT TO BE LEGALLY BOUND, AND IS SIGNED AFTER CAREFULLY READING AND FULLY UNDERSTANDING THE TERMS AND CONSEQUENCES OF THIS RELEASE.

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL RELEASE AUTHORIZATION FORM

Purpose – to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under parish authority, when parents or guardians cannot be reached. In case of emergency St. Aloysius will FIRST attempt to contact the Parent/Guardian

Mother's/Guardian Name _____ Phone _____ Email _____

Father's/Guardian Name _____ Phone _____ Email _____

If St. Aloysius Youth Ministry CANNOT reach the above, please list other person(s) who may be notified and to whom your child may be released:

Name _____ Relationship _____ Phone _____ Email _____

Name _____ Relationship _____ Phone _____ Email _____

The following are facts concerning the child's medical history including allergies, medications being taken, medical conditions and any physical impairment to which the physician(s)/dentist(s) should be alerted:

EXISTING MEDICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers to be called:

Physician _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Information

Name of Policy Holder _____ Insurance Carrier _____

Policy Number _____ Group Number _____

Notes:

Please list any other information you believe is helpful for Teresa and the Youth Ministry team to be aware of:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Date _____ Signature of Parent/Guardian _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

PHOTOGRAPHY AND COMMUNICATIONS RELEASE

Initial

Communications release: I also grant permission for Teresa Fesalbon, parish employees, and selected Youth Ministry Volunteers or other entrusted church personal on behalf of St. Aloysius Catholic Church to communicate electronically with my child _____, with regard to my child’s activities and interactions with Youth Ministry and other Church activities.

Such communications shall be limited to parish official accounts for social media, email addresses, and text messages to the number and email for your child indicated below. I am granting permission to allow my child to be added to apps for group chats including Flocknote and GroupMe.

Unless otherwise restricted, my child may initiate direct communication with the adult listed above via email, text, or GroupMe. This authorization may be revoked at any time by me through written notice to the Parish. St. Aloysius encourages parents to review electronic communications and online activity of their children in order to monitor their safety and appropriate use of technology.

For parents: Would you like to be added to the same GroupMe group chat and Flocknote as your child?

___ Yes ___ No

Initial

Photo release: I understand and consent that photos or videos taken at functions sponsored by St. Aloysius Youth Ministry may be posted in parish media and social media accounts. ___ Yes ___ No

Parent signature _____ Date _____

Parent Name (Printed) _____

Youth cellphone _____ Youth email _____