

29th Annual St. Cloud Diocesan Senior High Youth Rally "All In"

Individual Registration and Permission Form

Participant's Name: _____ Gender: M or F

Parent/Guardian's Name: _____ Grade: 9-10 -11-12

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency # parent can be reached the day of the event: _____

I, _____ grant permission for my youth, _____
(Parent or guardian's name) (youth's name)

to participate in the St. Cloud Diocesan Senior High Youth Rally. This event requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Diocesan and Parish employees and/or volunteers from: _____.

A brief description of the activity follows: (Name of parish)

Type of event: 29th Annual St. Cloud Diocesan Senior High Youth Rally

Destination of event: St. John's University-Collegeville, MN

Date & time of event: Sunday, October 29, 2017 – 11:30 AM-7:30PM

Parish individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my youth named herein, or our heirs, successors, and assigns, to hold harmless and defend _____

(Name of parish)

its officers, directors, employees and agents, and the Diocese of Saint Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Saint Cloud, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ Date: _____

Cost for the Rally

\$30.00 + Transportation til Oct. 20, 2017

\$35.00 + Transportation Oct. 21-29, 2017

Medical Info Needed on Back →
See back for titles)

I would like to order a T-shirt for:

___ S ___ M ___ L ___ XL ___ 2XL ___ 3XL

Deadline for ordering T-shirts: Oct. 20th

Cost of T-Shirts is:

\$10 ea S-XL & \$12 ea 2XL \$13 ea 3XL \$14 ea 4XL

Visit: www.stcdio.org/youthrally to see

T-shirt Design.

THIS FORM FOR PARISH USE ONLY! PLEASE DO NOT SEND TO DIOCESE

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

* Name & relationship: _____

* Phone: _____ Family doctor: _____ Phone: _____

* Family Health Plan Carrier: _____ Policy #: _____

* Allergic reactions (medications, foods, plants, insects, etc.): _____

* Does your youth have a medically prescribed diet or other medical issues or physical limitations? _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Saint Cloud, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called at the following phone number. _____

Signature: _____ Date: _____

Medications:

1) My youth is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are:

Signature: _____ Date: _____

PLEASE SIGN # 2 or # 3 (not both)

2) No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

- OR -

3) I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____