

John Paul II Summer Youth Ministry Gathering

**July 24th,
2019**

**Canoe/Kayak/ Tube
the Cedar River,
Gladwin**



- 10:00 Gather/ Activities**
- 12:00 Lunch**
- 1:00 Canoe/Kayak/Tube Cedar River, Gladwin**
- 5:00 Mass at Sacred Heart Parish**
- 6:00 BBQ Dinner**

FOR MORE INFORMATION OR TO
REGISTER
CONTACT
MARK GRAVELINE
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**Registration Deadline
July 19th**



John Paul II Summer Youth Ministry Gathering - July 24, 2018 – 10:00 a.m.

Sacred Heart Parish Church, 300 N Silverleaf Street, Gladwin

Registration Information

Name: _____ Date of Birth: _____
Street Address: _____ Parish: _____
City/State/ZIP: _____ Who will pay? Parish I will pay
Phone number: _____ Student—Grade _____ Adult Chaperone
Cell Phone (required if you are a chaperone): _____
Parent/Guardian names (if student): _____
Email: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability, along with payment. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child. (See flyer for details.)

Statement of Consent

I hereby consent to participation by my child _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee/volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I agree to indemnify and hold harmless and defend _____ School/Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this field trip. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

(Print parent's name)

(Date)

(Parent/Legal Guardian signature)

Medical Treatment Authorization

To Whom It May Concern:

I hereby authorize treatment for **my child** **myself** by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Reason for which release is intended: **John Paul II Summer Youth Ministry Day**

Name _____ Relationship to you (if minor): Son Daughter

Address: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments (**Prescription medication must be provided in original containers**):

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Adult or Parent/Guardian)

Media Release (must be completed for those under the age of 18)

I _____, hereby give permission for the personnel of the Catholic Diocese of Saginaw to photograph, videotape and/or voice-tape my child/children (or allow area news reporters to do the same for the purposes of (please check the items you will allow):

In-School/Parish Purposes use **only** Public information for promotion of Diocesan, School, or Parish programs (brochures, newspapers, radio, or television)

Catholic Diocese of Saginaw website _____ Parish website

Or

I do not give permission for my student to be photographed, videotaped or voice-taped

Student Name (s): _____

Parent/Guardian Signature: _____ Date: _____