

**OUR LADY OF THE PRESENTATION PARTICIPATION FORM FOR YOUTH MINISTRY EVENT**

(This form is for anyone under 21 years old who would like to participate in Youth Ministry events. Please Print)

**Youth Ministry Office 816-251-1103 www.OLPLS.org**

All adults attending youth events must have a Protecting God's Children Certificate on file. See Youth Ministry Calendar for ALL events.

**ATTENTION PARENTS:** Your child is considered REGISTERED for a particular event ONLY when: (1) your payment (if applicable) is received in the Youth Ministry office by the deadline for that event (2) Your child's fully completed permission form is on file in the YM Office. **NO EXCEPTIONS.** If you have questions, please contact the Youth Office at 251-1103. **www.OLPLS.org**  
**Place your permission forms in the Youth Ministry Lock box located just inside the parish office glass entry or outside the Yellow House. (Forms are required for OFF-SITE events only).**

Initial the event you plan to attend.

	Event Date	Event	Details	Cost	Form & fee DUE by this date
Initial here if attending	Thur Jun 7	<b>Summer Service Day</b> Bishop Sullivan Center	Arrive 1:00pm Grades 7 & up! Pick up 4:30pm	FREE	Jun 5 @ 6pm
Initial here if attending	Fri Jun 8	<b>Summer Service Day</b> Bishop Sullivan Center Harvesters	Arrive 12:15pm Grades 7 & up! Pick up 4:00pm	FREE	June 5 @ 6pm
Initial here if attending	Fri Jun 29	<b>Comedy City Night</b>	Arrive 5:45pm Grades 7 & up! Pick up 9:30pm	\$11.00	Jun 25@ 6pm
Initial here if attending	Fri Jul 25	<b>Summer Service Day</b> Operation Breakthrough	Arrive 11:45am Grades 7 & up! Pick up 4:00pm	FREE	Jul 20 6pm
Initial here if attending	Sun-Tue Jul 29, 30, 31	<b>High School Float Trip</b> Separate Permission Form <b>REQUIRED for all overnight events</b> See flyer on parish website	Arrive Sun 10:00am Grades 9 & up! Pick up Tue 5:00pm	See flyer and form for details	Jul 22

**PARTICIPANT INFORMATION**

Name of Participant: \_\_\_\_\_ Gender Male Female

Date of Birth: \_\_\_\_\_ Grade in 2018/18 \_\_\_\_\_ School \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian #1 \_\_\_\_\_ Parent #1 Cell \_\_\_\_\_

Email for Parent/Guardian #1 \_\_\_\_\_

Name of Parent/ Guardian #2 \_\_\_\_\_ Parent #2 Cell \_\_\_\_\_

Email for Parent/Guardian #2 \_\_\_\_\_

Other Contacts in case of illness or injury:

Name / Phone: \_\_\_\_\_

Name / Phone: \_\_\_\_\_

**PARTICIPANT INFORMATION (HEALTH)**

Are you in general good health and able to participate in normal activities? Yes NO If NO, please describe your limitations. Use a separate sheet if necessary. \_\_\_\_\_

Medications: List any prescription medications you are taking, and frequency of dosage. Also, please list any over-the-counter medications you will be bringing to the event.

Prescriptions/Dosage: \_\_\_\_\_

Over-the-Counter: \_\_\_\_\_

**A photocopy of Participant's or Primary Policyholder's insurance card must be submitted with all Permission Forms. OVER**

Diet: Identify any special dietary needs: \_\_\_\_\_

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: \_\_\_\_\_

All immunizations up to date? \_\_\_\_\_ YES \_\_\_\_\_ NO Date of Last Tetanus Booster: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address \_\_\_\_\_

Participant's Health Insurance Provider: \_\_\_\_\_

Policy or Group# \_\_\_\_\_ Primary Policyholder Name: \_\_\_\_\_

### PERMISSION OF PARENT/GUARDIAN

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes. **Initials** \_\_\_\_\_

I/We give my/our permission to Youth Ministries to contact me with pertinent information regarding upcoming Events at the email address indicated. **Initials** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### CONSENT FOR DISCLOSURE TO INDIVIDUAL INVOLVED IN THE CARE AND TREATMENT OF PARTICIPANT

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

\_\_\_\_\_ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

\_\_\_\_\_ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith. I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

***Participants are NOT allowed to leave an event early without written or verbal permission from a parent or guardian to a designated adult chaperone.***

### YOUTH CONTRACT:

I \_\_\_\_\_, agree to abide by the following:

- I will stay within the boundaries set forth by the adult chaperones. I will not leave the designated area without permission.
- I will respect the chaperones, individuals and property where the event will take place.
- I will report to chaperones at designated times to ensure my personal safety.
- I agree not to bring or use drugs, cigarettes, or alcohol while on church property, to and from the event, and while at the event destination.
- I will be ready to depart and return from the event at the designated times.

**Youth Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION FORM & FEE WITH COPY OF MEDICAL INSURANCE CARD  
MUST BE TURNED IN BY DEADLINE TO YOUTH MINISTRY OFFICE  
TO BE OFFICIALLY REGISTERED FOR THAT EVENT.**