

ST. JOHN THE BAPTIST PARENTAL CONSENT FORM: EDGE RETREAT

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

AGENCY NAME & ADDRESS: St. John the Baptist Catholic Church , 960 Caymus Street, Napa, CA 94559

ORGANIZATION: Youth Ministry SUPERVISOR NAME: Kimberly McFadden

CHILD'S NAME: _____ GRADE: _____

MODE OF TRANSPORT: BUS DESTINATION: Alliance Redwoods Conference Grounds

PURPOSE: EDGE Jr. High Retreat

DATE OF TRIP: Fri. Apr. 27 DEPART TIME: 4:30p ARRIVAL TIME: Sun. Apr. 29 3:30pm (approx)

MEDICAL RELEASE: *I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the parish representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.*

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the applicable provisions of the Family Code of California and the Health Code of California.

**RELEASE OF CLAIMS AGAINST THE DIOCESE OF SANTA ROSA
& ST. JOHN THE BAPTIST CATHOLIC CHURCH**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's/ward's presence, transportation, and participation in this diocesan-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE PARISH/SCHOOL, DIOCESE OF SANTA ROSA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP. I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE PARISH/DIOCESE OF SANTA ROSA AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS: *I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.*

VIDEO AUTHORIZATION: *I hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of this program and my participation therein, and the publication or other use thereof.*

SIGNATURES:

Parent/Guardian Signature: _____ Date: _____

Please print name: _____ Phone: _____

ST. JOHN THE BAPTIST CATHOLIC CHURCH
EDGE Jr. High Retreat, April 27-29 2012

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: (____) _____

E-mail Address: _____

Parish: _____

School: _____ Grade: _____

Emergency Contact Name(s): _____

Emergency Contact Phone Numbers: _____

Physician Name: _____ Phone: _____

Name of Health Insurance & Membership Number: _____

Allergies: _____

Medications Currently Being Taken: _____

Persistent Medical Conditions Staff Should Be Aware Of: _____

Do you prefer Vegetarian Meals? (Circle one) YES NO

Please specify dietary restrictions: _____

**\$25 Deposit and Permission Slip due no later than Monday,
January 31, 2012. Late registrations will not be accepted.**