

St. Margaret Mary Youth Ministry

St. Margaret Mary Parish
 111 S. Hubbard Street, Algonquin, IL
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Youth Ministry Liability Release Form

OUTINGS

Christmas Caroling
 December 12, 2011
 6:30 p.m.

Confirmation Overnight Retreat
 January 7th—8th, 2012
 7:30am Saturday—4pm Sunday
 Bishop Lane Retreat Center Rockford

Sundays at Sunrise
 Jan. 22, Feb. 26, and March 18
 Meet at YM Office at 10am

Bowling for Babies
 February 11, 2012
 Noon—3 p.m.
 Minimum of \$50 in donations

Boost Retreat, Ministry Center
 February 12, 2012
 10 a.m.—5 p.m.
 Free—RSVP by 2/10

Outings Selection Box

Caroling
 December 7th, 6 p.m. Free

Confirmation Overnight
 Retreat, January 7-8, 2012 \$125

Sundays at Sunrise
 Jan. 22, Feb. 26, March 18 Free

Bowling for Babies
 February 11, 2012 Free

Boost Retreat
 February 12, 2012 Free

Participant's Name: _____ Birth Date _____
 Address _____ Grade _____
 City _____ State _____ ZIP _____ Phone _____

Parent/Guardian
 One form per participant

Day Phone: _____ Evening Phone _____

I, _____ (Parent Name), give permission to my above-named son/
 daughter to attend **All the outings selected in the Outings Selection Box** below.

I hereby release and indemnify St. Margaret Mary Parish in Algonquin, IL and its staff and volunteers and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

Regular Physician _____ Phone _____

Insurance Information:

Insurance Company _____ Policy Holder _____

Policy Number _____ ID/SS# _____

Please list all allergies and/or special medical concerns your child may have:

In case of emergency, contact: _____

Phone: _____

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website.

Code of Behavior: As a participant in this event, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Parent Signature _____ **Date:** _____

I understand and agree to this Code of Behavior. I also understand and agree that, at the time of an infraction requiring dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parent or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature _____ **Date:** _____

Total Cost Due: _____
 Amt. Paid _____
 Date: _____ Check # _____