

VICARIATE YOUTH FALL KICK OFF 2009

HOSTED By Queen of Peace Church



Sunday, October 25 5:00-8:30pm

MASS / BBQ / CONCERT

REGISTRATION DEADLINE / TUESDAY, Oct. 20th

Participant's Name _____ Phone _____

Address _____

Grade _____ Age _____ Email Address _____

I give permission for my child/children to participate in the Vicariate Fall Kick Off on Sunday, October 25, from 5:00pm until 8:30pm. I do hereby release, hold harmless and covenant not to sue the Archdiocese of Portland, Queen of Peace Church, and all leaders and volunteers involved in this program. Nor shall said persons be held financially responsible for any injury, illness or death incurred as a direct result of this program. I recognize the risks involved, understand all terms, and consent to these conditions. I remain fully liable for any legal responsibilities, which may result from actions taken by my child/children. In the event of an emergency, and I cannot be reached, I hereby authorize emergency treatment to be administered. I also give permission for my child/children to be photographed and to have personally identifiable information regarding my child/children released for parish use only. Check here if o.k. to use picture only (no names) on Youth Ministry web page.

I understand the guidelines for this activity of no smoking, drugs, alcohol, or weapons. In the interest in the safety of everyone, I give permission to the chaperones and staff of this event to inspect my child's belongings if there is cause to do so. "Cause" includes, but not limited to, rumors and reports from other students. Please initial here: _____

Parent/Legal Guardian Name (Please Print): _____

Signature (Parent/Legal Guardian) _____ Date _____

Please complete Archdiocese Event Permission Slip as well.

ARCHDIOCESE OF PORTLAND
Parent/Legal Guardian Event Permission Slip for Student/Youth

TO BE COMPLETED BY SPONSORING PARISH

Below please find a brief description of the schedule of activities:

Event: Vicariate High School Fall Kick Off Location: Queen of Peace, Salem, Oregon

Archdiocesan Parish: Queen of Peace Catholic Church Youth Ministry

Date(s) of Event: Sunday, October 25, 2009 Mode of Transportation: Provide own transportation

Beginning Date: <u>Sunday, October 25, 2009</u>	End Date: <u>Sunday, October 25, 2009</u>
Beginning Time: <u>5:00pm</u>	End Time: <u>8:30pm</u>

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (son/daughter)
to take part in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- ♦ I agree to allow my child to participate in this event.
- ♦ I agree and understand that transportation may be provided in such form and at the discretion of the Archdiocese of Portland.
- ♦ I also authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

Child's Name _____ Date of Birth _____ Sex Male Female
Allergies (foods, drugs, insects, etc.) _____
Medications (name, dosage, reason) _____
Other information (injuries, etc.) _____
Insurance Carrier _____ Group or ID# _____

In case of emergency, please notify:

Parent/Guardian (s) _____
Day Phone Number(s) _____ Evening Phone Number _____
Child's Doctor _____ Phone Number _____

Parent/Guardian Signature _____ Date _____

THIS FORM TO BE KEPT ON FILE FOR THREE YEARS