

St. Vincent Youth Ministry Liability Form (Teen)

Event: Center for Life Banquet

Event Date: 4/25/19

Due: 4/23/19

Time: 4:15pm-10:00pm

If you have already completed a St. Vincent Youth Ministry liability form this calendar year, only the signatures are required

Teen Basic Information

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Number _____ Cell _____ Texting? (Circle One): Yes or No

Date of Birth _____

Sex (Circle One): Male – Female **Shirt Size** (Circle One): S – M – L – XL – 2XL – 3XL – 4XL (unisex shirt)

Student E-Mail _____

Parent E-Mail _____

School _____ Grade _____

Preferred Roommate(s) (4-5 ppl per room) _____

Medical Information

Physician _____ Phone Number _____

Allergies _____

Will you be taking medication at the time of this event? (Circle One) Yes or No

If yes, what medications? _____

Special Needs _____

Please carry a copy of your insurance card with you!

Parent/Guardian Information

Name _____

Relationship _____

Home Number _____

Cell _____

Place of Employment _____

Additional Emergency Contact Information

Name _____

Relationship _____

Home Number _____

Cell _____

Agreements:

1. As the parent or guardian of _____ (child) in signing this form, I hereby state that the information included in this form is correct and give the permission for my child to participate in the activity entitled _____ (event)
2. I understand that my child will be under the supervision of St. Vincent Parishes' staff and volunteers.
3. I recognize that there are risks inherent in participation in any activity and agree to hold St. Vincent Parish, its affiliates, and its and their employees, volunteers, and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of St. Vincent Parish, its affiliates and its and their employees, volunteers, and agents.
4. In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed, and treated in accordance with standard medical practice by licensed medical personnel.
5. I hereby give permission to St. Vincent to use any photographs or video footage taken of my child in print on their website for promotional purposes.
6. I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats, or any type of abuse and inappropriate physical contact. I agree to follow this policy.

Parent/Guardian Signature: _____ Date: _____

Participant's Signature: _____ Date: _____