



Holy – N – Good Lock-In Retreat

**Beginning on Holy Thursday, March 24, 2016 @ 6:00 pm until
Good Friday, March 25 at 9:00 pm (After Stations of the Cross)**

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

St. Catherine of Siena Parish, Archdiocese of Newark

PARTICIPANT'S NAME: _____ BIRTH DATE: _____

PARTICIPANT'S CELL #: _____ Social Security # _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ E-mail Address _____

HOME PHONE: _____ PARENT'S CELL _____

I, (name of parent or guardian) _____, grant permission for my child (name of child)

_____ to participate in the Holy-N-Good Lock-In Retreat at St. Catherine of Siena(the "Program") to be held at (Location):St. Catherine of Siena Parish, (Date): **March 24 - 25, 2016**. For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent)

_____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Archdiocese of Newark, St. Catherine of Siena Parish, their Offices of Youth and Young Adult Ministry ("OYM"), its officers, directors, and agents, and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims or demands that may be made or brought against OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

NAME and RELATIONSHIP: _____

Telephone: _(_____) _____

FAMILY DOCTOR: _____

Telephone: _(_____) _____

FAMILY HEALTH PLAN CARRIER: _____

Policy Number: _____

(1) **Signature:** _____ **Date:** _____

(This line **must** be signed in order to participate)

Other Medical Treatment: In the event it comes to the attention of OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the diocese, and the officers, agents, representatives, volunteers and employees of either the diocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with telephone charges reversed to myself).

(2) **Signature:** _____ **Date:** _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) **Signature:** _____ (please sign only #3 or #4) **Date:** _____

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

(4) **Signature** _____ (please sign only #3 or #4) **Date:** _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) **Signature:** _____ (please do not sign #5 if you signed #4) **Date:** _____

Specific Medical Information: OYM will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, plants, insects, etc.) _____
- Immunizations: Date of last tetanus/diphtheria immunization: _____
- Medications child currently takes _____
- Does child have a medically prescribed diet? _____
- Any physical limitations? _____
- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____
- Has child recently been exposed to contagious disease or condition, such as mumps, measles, chicken pox, etc.? _____
- If so, date and disease or condition: _____
- You should also be aware of these special medical conditions of my child _____

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the "Program")**

(6) **Signature:** _____ **Date:** _____

(This line **must** be signed in order to participate)

Parent or guardian **must** sign lines numbered 1 and 6.
Registration Fee = \$40. Please make check out to "St. Catherine of Siena Parish" and return with signed permission slip by Friday, March 18. Registration forms can be dropped off at rectory. Place in envelope marked with "Sally Costa - SCS LifeTeen".

