

St. Margaret Mary Catholic Church Youth Ministry Coalition for the Homeless 2009/2010

2009 (*M/S) Mondays: July 13; August 10; September 14; October 12; November 9; December 14
(**H/S) Wednesdays: July 8; August 12; September 9; October 14; November 11; December 9
2010 (*M/S) Mondays: January 11; February 8; March 8; April 12; May 10; June 14; July 12
(**H/S) Wednesdays: January 13; February 10; March 10; April 14; May 12; June 9; July 14

*M/S = Middle School (Grades 6-8) **H/S = High School (Grades 9-12)

Participant's Name: _____

Address: _____

City, Zip: _____ Date of Birth: _____

Grade (Fall 2009): _____ School Attending: _____

Home Phone #: (_____) _____ Email: _____

Parent/Guardian: _____

Address (if different from above): _____

Phone #: (_____) _____ Email: _____

Work Phone #: (_____) _____ Cell #: (_____) _____

Emergency Contact in the event a parent cannot be reached:

Name: _____

Address, City, State, Zip: _____

Relationship: _____

Phone #: (_____) _____ Cell #: (_____) _____

Permission and Release

The undersigned, who is the parent/legal guardian of _____ a minor (hereinafter referred to as "Participant"), on behalf of himself and Participant, their personal representatives, assigns, heirs and next of kin, request Participant be permitted to participate in the aforementioned event.

1. Hereby releases, waives, discharges and covenants not to sue St. Margaret Mary Catholic Church, the Diocese of Orlando, their officers, employees and agents, all for purposes herein referred to as Releases, from all liability to the undersigned and Participant, their personal representatives, assigns, heirs and next of kin, for all loss or damage, and/or claims demands, causes of action or suites of any kind therefore, particularly on account of injury to the person or property or resulting in the death of the Participant, whether caused by the negligence of Releases or otherwise, while Participant is involved in the aforementioned event;
2. Hereby agrees to indemnify and save and hold harmless the Releases and each of them from any loss, liability, damage, or cost they may incur while Participant is involved in the aforementioned event, whether caused by the negligence of Releases or otherwise;
3. Hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releases or otherwise while Participant is involved in the aforementioned event;
4. Hereby agrees that if any portion of the Agreement is held invalid, that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of
Parent/Guardian: _____ Date: _____

Medical Release/Information

In the event Participant becomes ill or injured, I authorize the directors or any of the parish chaperones to obtain medical attention at a physician's office, hospital, by an EMT or other emergency medical services. I understand that every effort will be made to reach me before medical permission is given to treat my child. The participant is covered by the following medical insurance:

Insurance Company: _____

Policy #: _____ Group #: _____

Allergies (list):

Current Medications (list):

Chronic/Acute Illnesses:

Other Important Medical Information:

Signature of
Parent/Guardian: _____ Date: _____