

Cathedral of St. Thomas More Youth Ministry

Trip: Diocesan Day @ Kings Dominion
Location: Cedar Fair's Kings Dominion, Doswell, VA
Date: Friday, August 5, 2011

Cost: \$36 (+ Lunch and Dinner)
Time: 7:15 a.m. – 11:30 p.m.
Due Date: Sunday, July 31, 2011

I, _____ (Parent/Guardian), give permission for my youth, _____
_____ (youth), to attend the **Diocesan Day at Kings Dominion in Doswell, VA on Friday, August 5, 2011.**

I understand and acknowledge that participation in the activities involves inherent risks of injury to my youth including risks with transportation by motor vehicle. I will not hold the Cathedral of St. Thomas More, Father Robert Rippey (rector), Mr. Ronnel Cristobal (youth minister), youth ministry volunteers, staff members of the Catholic Diocese of Arlington (CDA) or the CDA itself liable for any medical expenses, lawsuit, or injuries during my youth's participation in any of these activities.

I further give consent that in my absence that the youth may be admitted to any hospital or suitable medical facility for diagnosis and treatment, but will be notified in any case of such injury.

I allow the Cathedral of St. Thomas More permission to use my child's picture or video recording for educational and/or marketing purposes for the Cathedral's Youth Ministry program or Diocesan Office of Youth Ministry. As a policy, any guardians who do not wish their child to be photographed or filmed should notify the Cathedral's Office of Youth Ministry in writing, 24 hours prior to the event.

Youth Full Name _____ Birth Date _____

Address _____

Name of Parent/Guardian _____

Cellular _____ Alt Phone _____

In case of Emergency (other than parent or guardian) _____

Phone _____ Alt Phone _____

Allergies _____

Known Medical Conditions _____

Date of Last Tetanus Shot _____

Physician/Doctor _____

Doctor Phone _____

Insurance Carrier _____

ID# _____

X _____

Parents/Guardian Signature

Date

Printed Name of Guardian/Parent

YOUTH CELL PHONE NUMBER _____

SY 2011-12 MEDICAL RELEASE FORM

_____ (Last Name)	_____ (First Name)	_____ (Middle Initial)	_____ DOB (mm/dd/yyyy)
_____ (Address)		_____ (City)	_____ (State) (ZIP Code)
_____ (Home Phone)	_____ (Youth Cell Phone)		
_____ (Date of Last Tetanus Booster)			
_____ (Mother's Full Name)	_____ (Cell Phone)	_____ (Alternative Phone)	
_____ (Father's Full Name)	_____ (Cell Phone)	_____ (Alternative Phone)	
_____ (Alternative/In Case of Emergency Full Name)	_____ (Cell Phone)	_____ (Alternative Phone)	
_____ (Physician's Name)	_____ (Office Phone)		
_____ (Insurance Carrier)	_____ (Policy Number)		

Allergies: _____

Known Medical Conditions: _____

Medications: _____

I agree and give permission for the staff or volunteers of the Cathedral of Saint Thomas More to give my son/daughter, _____ (print name), aspirin or legal over-the-counter medication. I will be notified when it has been distributed.

Parent's Signature

Parent's Name (Printed)

As the parent/legal guardian of _____ (son/daughter/ward), permission and consent is given that in my absence, the aforementioned youth may be admitted to any hospital or medical facility for diagnosis and treatment, if necessary and when appropriate. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic, treatment, operative, and/or x-ray procedures to the minor.

I also indemnify the Cathedral of Saint Thomas More, Rev. Robert J. Rippy (Rector), Mr. Ronnel Cristobal (Director of Youth Ministry), any staff, volunteers, and the Catholic Diocese of Arlington for any costs, liabilities, and expenses arising out of my child's participation in the activities including the cost of any medical health care given to my child as a result of participation in these activities.

To the best of my ability, I have completed the medical information for my son/daughter/ward, _____
_____.

Parent's Signature

Parent's Name (Printed)

Youth's Name

Date