



ST. RITA CATHOLIC CHURCH YOUTH MINISTRY INFORMATION SHEET

(For participation in Youth Ministry Meetings/Events/Trips)

Parent/Guardian Consent Form and Liability Waiver – Page 1/2

STUDENT INFORMATION

Name: _____ Age: _____ T-shirt Size: _____ Grade: _____

Birth Date: _____ School: _____ Parish: _____

Home Phone: _____ Home Address: _____

Mom’s Name: _____ Mom’s Cell: _____ Mom’s Email: _____

Dad’s Name: _____ Dad’s Cell: _____ Dad’s Email: _____

Student’s Cell: _____ Student’s Email: _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, please contact the following people in the following order:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

Parental Permission and Liability Release:

As parent/legal guardian of the participant named above, I give my permission to participate fully in all events hosted by St. Rita’s Youth Ministry including all meetings, programs, and events that take place on St. Rita’s premises from September 1, 2020 through August 31, 2021. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant’s involvement in the above mentioned events (including transportation to and from the events). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant’s involvement in youth ministry activities. I agree to adhere to guidance and direction mandated by the Commonwealth of Virginia and policies adopted by the diocesan parishes regarding the COVID-19 virus and will adhere to all such procedures and guidelines provided by parish leaders during these events.

Informed Consent to Medical Treatment:

I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians and nurses, to perform any diagnostic procedures treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-mentioned minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant’s transportation home and any costs related thereto.

Photo, Press, Audio, and Electronic Media Release:

I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child’s photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes. I understand this authorization is valid in perpetuity beginning September 1, 2020 unless I void it in writing.



**ST. RITA CATHOLIC CHURCH YOUTH MINISTRY INFORMATION SHEET
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Student's Name:

HEALTH INFORMATION

Please list any medical history and/or mental health conditions which may affect the participant's involvement in any Youth Ministry event.

Please list any known allergies including any allergies to food or medicine. Indicate special dietary needs, as well.

Does your child carry an epi-pen? Yes No

My child has permission to take the following over-the-counter medications (please check boxes):

Advil Tylenol Benadryl Sudafed Other _____

Please list any prescription or doctor prescribed over the counter medications your child is taking:

Drug Name: Dosage: Per:

Drug Name: Dosage: Per:

Physician and Medical Insurance

Primary Healthcare Provide: Phone:

Insurance Company: Policy #:

I understand and hereby agree to the terms and conditions of the participant's involvement in the events described on pages 1 and 2 of this consent form and liability waiver, and I freely execute this acknowledgement with full knowledge of its content.

Signature of Parent or Legal Guardian

Date

It takes a lot of volunteers to host youth group events throughout the year. Would you be interested in serving as a parent chaperone sometimes?

Yes No

If yes, what is the best email to reach you? _____