

OUR LADY OF GRACE CHURCH

2766 Navajo Road El Cajon, CA 92020 (619) 466-5451

Your son/daughter, guardianship, is invited to participate in an OLG Junior High Youth Ministry Event sponsored activity at a location away from the parish site. This activity will take place under the guidance and supervision of employees & chaperones from Our Lady of Grace. A brief description of the activity follows:

<i>Event / Destination:</i>	<i>Ice Skating Viejas 5003 Willows Rd., Alpine CA</i>
<i>Designated Supervisor of Activity:</i>	<i>Doris Hertzig, Youth Minister</i>
<i>Date / Time of Event</i>	<i>Wednesday January 3, 2025 6:00 p.m. – 8:00 p.m. (Check-in at 6:00 p.m., skating 6:30-8:00 p.m.)</i>
<i>Method of Transportation:</i>	<i>Parent must provide transportation to and from both locations.</i>
<i>Youth Should Bring:</i>	<i>\$22.00 and Viejas waiver</i>
<i>Other Important Information</i>	<i>Socks required. Dress warmly. RSVP to the OLG Youth Office.</i>

Complete & bring form to the event

PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

OLG Youth Ministry Junior High Youth Event

Participant's Name: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ Grade: _____

Emergency Phone: _____ Sex: M / F

I, _____ grant permission for my child, _____
Parent/Guardian Name – Please Print
Participant Name – Please Print

to participate in this OLG Youth Ministry event that requires transportation to a location away from the parish site.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of Grace Parish and the Roman Catholic Bishop of San Diego, and their respective clergy, its officers, directors, employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Our Lady of Grace Parish, its officers, directors and agents, and the Roman Catholic Bishop of San Diego, and their respective clergy, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Our Lady of Grace Parish or the Roman Catholic Bishop of San Diego.

Parent/Guardian Signature

Date

Complete and sign the following statements that are applicable

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.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission 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 numbers on the reverse side of this form, contact:

Name: _____

Relationship to participant: _____

Primary Phone: _____ Secondary Phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Family Doctor: _____ Phone: _____

Parent/Guardian Signature Date

Other Medical Treatment: In the event it comes to the attention of Our Lady of Grace, its officers, directors and agents, the Roman Catholic Bishop of San Diego, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Parent/Guardian Signature Date

Medications: My child needs to take medication while on this Our Lady of Grace Youth Ministry sponsored field trip. The necessary medication will be well-labeled and delivered to the Our Lady of Grace Youth Ministry office prior to departure. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Parent/Guardian Signature Date

Allergies: My child is allergic to the following: _____

Parent/Guardian Signature Date

Behavior: I will be contacted at the Emergency Phone Number listed and I will be responsible to come to the event site and pick up my teen if my teen is unable to follow the guidelines of the event.

Parent/Guardian Signature Date

Photo/Video Release: I grant permission for Our Lady of Grace Parish and Our Lady of Grace School (collectively "OLG"), their respective employees, representatives, or volunteers, to photograph or record on audio or video (tape or digital) my child for purposes of furthering the mission of OLG. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by OLG. I understand that such photos and/or video recordings will be used for OLG related purposes only and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings

Parent/Guardian Signature Date