

# 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 High School 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>	<b>Synergy – San Diego Youth Day</b> <b>Mater Dei High School, 1615 Mater Dei Dr., Chula Vista, CA</b>
<i>Designated Supervisor of Activity:</i>	<b>Doris Hertzig, Youth Minister</b>
<i>Date / Time of Event</i>	<b>Saturday, April 6, 2024</b> <b>10:00 a.m. – 5:30 p.m. (arrive by 9:40 a.m. for Check-in)</b>
<i>Method of Transportation:</i>	<b>Parent must provide transportation to and from event</b>
<i>Atrire:</i>	<b>Synergy Youth Day Dress Code: Girls: No short shorts/skirts, no bare shoulders, midriff or spaghetti straps. Guys: No tank tops.</b>
<i>Youth Should Bring:</i>	<b>Jacket recommended</b>
<i>Other Important Information:</i>	<b>Optional – Money for T-shirts or CDs on sale</b>

**Complete & return with Registration Form**

## PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

### OLG Youth Ministry High School 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