

Youth name _____

Parent Name _____

**Middle School/Senior High Youth Group
Activities for January 2017 – May 2017**

For all events, we will meet in the RCIA room (park in the lower lot). Youth will need to sign in with Mindy &/or Rob to assure that the sign-in list is accurate. Questions? Please contact us at 436-9200 or mindy@holyfamily.com or rob@holyfamily.com.

Please check activity(ies) that you will allow your youth to attend:

Date	Activity	Time	Cost	RSVP
1/10	Harvesters	5:30 – 8:30 pm	Free	_____
1/21	Ice Skating	1:00 – 4:00 pm	\$10	_____
2/4	Movies	11:00 am – 2:30 pm	\$10	_____
3/11	Comedy Sports	6:30 – 10:00 pm	\$15	_____
3/14	Harvesters	5:30 – 8:30 pm	Free	_____
4/1	Putt Putt	2:00 – 4:00 pm	\$10	_____
5/9	Harvesters	5:30 – 8:30 pm	Free	_____

It is always a good idea to remember to bring a little spending cash to events. The above listed prices only include entry. If the cost of events ever seems to be a problem, please doesn't hesitate to talk to Mindy &/or Rob before the event. Cost should never be the defining factor for not attending an event.

Parents please check which events you would be able to either chaperone or be a driver. If we do not have enough of either, activities could be cancelled. Paid entry fee is a perk for all volunteers.

Event	Chaperone	Driver / Seatbelt #
1/10 Harvesters 5:30 – 8:30 pm		
1/21 Ice Skating 1:00 – 4:00 pm		
2/4 Movies 11 am – 2:30 pm		
3/5 Comedy Sports 6:30 – 10:00 pm		
3/14 Harvesters 5:30 – 8:30 pm		
4/1 Putt Putt 2:00 – 4:00 pm		
5/9 Harvesters 5:30 – 8:30 pm		

Holy Family Parish
919 NE 96th Street Kansas City, MO 64155
Office: (816) 436-9200 Fax: (816) 436-8049

2016-2017 YOUTH MINISTRY PERMISSION FORM

I/we, _____ give permission for my son/daughter _____ to participate in Middle School and High School Activities at Holy Family Parish. I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release Holy Family Parish and the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with my child's participation in the activity.

I/We give my/our permission to the Catholic Diocese of Kansas City-St. Joseph and Holy Family Parish to take photographs, video, digital images or other recordings (collectively, "photographs") of my child in connection with activities at the Diocese or Holy Family. I also grant the Diocese and Holy Family the right to use, publish, exhibit or distribute such photographs for purposes of advertising, promoting or marketing the Diocese and its schools or other institutions for current or future events. I understand that I have no copyright interest in such photographs, and that the Diocese and Holy Family need not obtain any further approval from me to use the photographs.

Consent for Disclosure to Individual Involved in the Care and Treatment of Participant

For the duration of the 2016-2017 school year, I/We grant to Holy Family Parish and its agents the following powers, to be used for the benefit of and on behalf of minor during activities Holy Family Parish (check all that apply):

_____ to receive any and all individually identifiable health information about the past, present and future medical condition of my child, including, but not limited to, information necessary to the care and treatment of my child and any illness or injury my child may have sustained (You have disclosed all information needed for adult leaders to be able to teach your child to the best of our ability and to the best of his/her ability).

_____ to authorize medical care for my child, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices. In the event of an emergency, if I cannot be contacted, I/We authorize that emergency treatment be administered.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any of my/our successors in interest for any action taken or not taken in good faith. I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of my child at or during Youth Ministry events.

Parents'/Guardians' Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Other contacts in case of injury or illness:

Name and Phone: _____

Name and Phone: _____

Medications your child is currently taking: _____

Allergies or other known diseases, disorders or disabilities: _____

Physician Name and Phone: _____

Parents'/Guardians' Signature: _____ Date: _____

_____ Date: _____