

ST. THERESE PARISH

6400 Saint Therese Way, San Diego, CA 92120 (619) 550-3305

St. Therese Youth Ministry is having several summer 2019 activities. Please initial next to all the events that you would like your son/daughter to attend. The details, time, cost, and location for each event is listed below. **Please RSVP several weeks prior.** Every participant is responsible for getting their own transportation to and from all events. The emergency phone numbers are Raymond's cell phone: **619-468-7070** and Reanna's cell phone: **760-596-9786**.

_____ **Beach Day!** Wednesday, June 12th from 2:00-8:30pm at La Jolla Shores. Meet in the grass area south of the main lifeguard tower. Please bring your own beach stuff and snacks/drinks to share.

_____ **Lock-In!** Friday, June 14th to Saturday, June 15th from 7:00pm-12:00pm at Fred's Place. Please eat dinner before and bring snacks/drinks to share.

_____ **Camp Emmaus!** Monday, June 24th to Friday, June 28th at Whispering Winds (17606 Harrison Park Rd, Julian, CA 92036). Please speak to Raymond before 6/12/19 regarding specific details/cost for attending this youth leadership camp.

_____ **Beach Day!** Wednesday, July 10th from 2:00-8:30pm at La Jolla Shores. Meet in the grass area south of the main lifeguard tower. Please bring your own beach stuff and snacks/drinks to share.

_____ **Laser Tag & In-N-Out!** Saturday, July 20th from 8:00-10:30pm at Ultra Zone (3146 Sports Arena Blvd #21, San Diego, CA 92110) Cost is \$16 for 2 games plus bring extra \$\$ for In-N-Out.

_____ **Steubenville San Diego!** Friday, July 26th to Sunday, July 28th at University of San Diego (5998 Alcalá Park, San Diego, CA 92110). Ask Raymond before 6/12/19 if space is still available.

_____ **Beach Day!** Wednesday, August 7th from 2:00-8:30pm at La Jolla Shores. Meet in the grass area south of the main lifeguard tower. Please bring your own beach stuff and snacks/drinks to share.

_____ **End of Summer Beach Bonfire Praise & Worship Night!** Friday, August 9th from 7:00-10:00pm at Mission Beach Bon Fire Pits. Please bring your own snacks/drinks to share.

PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

St. Therese Youth Ministry Summer 2019 Events

Designated Supervisor of Activity:

Raymond Deang, Youth Minister

Date / Time of Departure:

Refer to date and times listed above

Method of Transportation:

Parent must provide transportation to and from event

Participant's Name: _____ Grade: _____

Date of Birth: _____ Sex (circle): M F

Parent/Guardian's Name: _____

Address: _____

Emergency Phone: _____ Alternate Phone: _____

I, _____ grant permission for my child, _____

Parent/Guardian Name – Please Print

Participant Name – Please Print

to participate in the St. Therese Youth Ministry events, I initialed above, that may or may not require 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 St. Therese Parish and the Roman Catholic Bishop of San Diego, 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 St. Therese Parish, its officers, directors and agents, and the Roman Catholic Bishop of San Diego, 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 St. Therese Parish or the Roman Catholic Bishop of San Diego.

I further understand that if my teen is unable to follow the guidelines for the above activity and causes a problem the chaperones cannot handle, I will be responsible for coming to the activity to pick up my teen. If any incident or injury happens, the teen is required to immediately notify the Youth Minister or chaperones of the event.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

St. Therese Youth Ministry Summer 2019 Events

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, this participant has the requisite good health to participate in this ministry, and I assume all responsibility for the health of this participant.

Of the following statements pertaining to medical matters, sign only those in accordance with your wishes

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

Medications: My child needs to take medication while on this St. Therese Youth Ministry sponsored event. The necessary medication will be well-labeled and delivered to the St. Therese 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:

Choose one of following options (A or B)

A. No medication of any type whether prescription or nonprescription may be administered to this minor unless the situation is life threatening and emergency treatment is required.

B. I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my minor, if deemed advisable.

Please circle your selection: A or B

Parent/Guardian Signature

Date

Specific Medical Information:

The Parish will take reasonable care to see that the following information will be held in confidence:

- Allergic reactions (medications, foods, plants, insects, etc.):
- Does the participant have a medically-prescribed diet?
- Any physical limitations?
- St. Therese Parish should be aware of these special medical conditions of this minor:

Parent/Guardian Signature

Date

PHOTO/VIDEO RELEASE

I grant permission for St. Therese Parish, 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 St. Therese Parish. Photos, audio or video may only be used in printed materials and any other visual display or media sponsored by St. Therese Parish. I understand that such photos and/or video recordings will be used for St. Therese Parish 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