

Please return to Julie Warner by Oct. 13th.

# 26<sup>th</sup> Annual St. Cloud Diocesan Senior High Youth Rally "Rise Up"

## Individual Registration and Permission Form

Participant's Name: \_\_\_\_\_ Gender: M or F

Parent/Guardian's Name: \_\_\_\_\_ Grade: 9-10 -11-12

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency # parent can be reached the day of the event: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my youth, \_\_\_\_\_  
(Parent or guardian's name) (youth's name)

to participate in the St. Cloud Diocesan Senior High Youth Rally. This event requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Diocesan and Parish employees and/or volunteers from: St. John the Baptist Parish.  
A brief description of the activity follows: (Name of parish)

**Type of event:** 26<sup>th</sup> Annual St. Cloud Diocesan Senior High Youth Rally

**Destination of event:** St. John's University-Collegeville, MN

**Date & time of event:** Sunday, October 26, 2014 – 11:45AM-7:30PM

**Parish individual in charge:** Julie Warner

**Estimated time of departure and return:** Please drop your child off at the Warner Plaestra by 11:30 and you may pick your child up about 7:30.

**Mode of transportation to and from event:** \_\_\_\_\_

As 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 youth named herein, or our heirs, successors, and assigns, to hold harmless and defend St. John the Baptist Parish  
(Name of parish)

its officers, directors, employees and agents, and the Diocese of Saint Cloud, its 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 the parish, its officers, directors and agents, and the Diocese of Saint Cloud, 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 the parish/diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost for the Rally**  
\$30.00 + Transportation until Oct. 17, 2014

~~Transportation until Oct. 17, 2014~~

Medical Info Needed on Back →  
(See back for titles)

**I would like to order a T-shirt for:**  
 S  M  L  XL  2XL  3XL  
**Deadline for ordering T-shirts: Oct. 17<sup>th</sup>**  
**Cost of T-Shirts is:**  
 \$ 10 ea S-XL & \$12 ea 2XL \$13 ea 3XL  
 Visit: [www.stcdio.org/youthrally](http://www.stcdio.org/youthrally) to see  
 T-shirt Design.

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Check out the site at <http://cem.stcdio.org/youthministry/youthrallies/>

THIS FORM FOR PARISH USE ONLY! PLEASE DO NOT SEND TO DIOCESE

**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. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

**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 above numbers, contact:

\* Name & relationship: \_\_\_\_\_

\* Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

\* Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

\* Does your youth have a medically prescribed diet or other medical issues or physical limitations? \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Saint Cloud, chaperons, 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 at the following phone number. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:**

**1)** My youth is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN # 2 or # 3 (not both)**

▶ **2)** No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- OR -**

▶ **3)** I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_