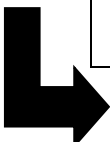
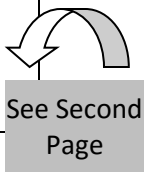




Event Name: St. Gabe's Army Service Project  
 Date: Various 2017-2018  
 Transportation: Bus or Cars  
 Location: Various

Participant Information needed specifically for this program		
First Name:	Last Name:	Gender:
General Participant Information		
Home Phone:	Teen Cell:	Ok to text?:
School:	Grade:	
Parent & Contact information		
Parent /Guardian 1:	P/G1 Cell:	
Email:		
Parent 2 or Emergency Contact:	P/G2 Cell:	
Email:		
Medical Information		
<b>Medications:</b> (List medications participant is bringing with him/her. - see note on back)	<b>I allow the following Over the Counter Medication:</b> Tylenol/Acet.    YES    NO Throat Lozenges: YES    NO Antacid:        YES    NO Advil/Ibuprofen: YES    NO Decongestant:   YES    NO Antihistamine:   YES    NO Other: _____ Dosage: _____	<input type="checkbox"/> <b>No medication of any type may be administered to this child</b>  <i>[whether prescription or nonprescription] unless the situation is life-threatening and emergency treatment is required</i>
	Allergies, Concerns, Challenges (Learning challenges, social concerns, food and other allergies)	
Primary Care Physician:	Phone:	
<b>Child is ALLOWED to self-medicate:</b>	<b>Child is NOT ALLOWED to self-medicate:</b>	
Insurance Information - Is the teen covered under medical insurance? ___ Yes ___ No		
Insurance Carrier:	Insurance Phone:	
Policy Number & ID:		
Name of Holder:	Relationship:	
Permission to Participate and Travel		
I/We, the parent(s)/guardians(s)/conservator(s) listed on this form of the child listed on this form grant permission for my/our child, to participate in the above described parish event and youth activities. <b>I/We have read and agree to the conditions outlined in this two page release:</b>		
Parent(s) Signature X _____	SS# _____	Date _____

(last 4 digits - online registration only)



**CONSENT TO PARTICIPATE AND LIABILITY RELEASE**

I / We, the parent(s)/guardian(s)/conservator(s) listed on this form for the child listed on this form grant permission for my son/daughter to participate in all youth activities and functions noted above. I understand that as parent(s)/ guardian(s)/conservator(s), I remain legally responsible for any personal actions taken by my son/daughter. We recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I / We agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to indemnify, defend, and hold harmless **St Gabriel Catholic Community – McKinney, TX** and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during this formation year noted above. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

**I have read this consent to participate and liability release, and I understand and voluntarily agree to its provisions.**

**AUTHORIZATION OF CONSENT TO TREAT MINOR**

I/We, the parent(s) or guardians of the child listed on this form, a minor, and as such do hereby authorize **St Gabriel Catholic Community – McKinney, TX**, its ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective for up to one year from the date of completion of this form, unless sooner revoked in writing delivered to said agent(s). In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I/we hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

**I have read this consent for medical treatment of a minor statement, and I understand and voluntarily agree to its provisions**

**VIDEO/IMAGE RELEASE - AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT**

For good and valuable consideration, I hereby grant to St. Gabriel the Archangel Catholic Community of McKinney, Texas the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child(ren) , or images in which my child(ren) may be included, now existing or hereafter made, in any case, with or without identifying child(ren) for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. On behalf of myself and/or my child(ren), I specifically waive all rights to privacy and confidentiality with respect to name, likeness, voice, photographs, images, video recordings, audio recordings and identifying information. I hereby release and agree to fully and unconditionally protect, indemnify, and defend St. Gabriel the Archangel Catholic Community of McKinney, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Student) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of Student, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES

**I have read this consent for Media Release, and I understand and voluntarily agree to its provisions.**

**Note about Medications:**

Yes No

The child listed on this form will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of any event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times will be provided. All Medical Information will be maintained in a strictly confidential manner. Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical conditions, a separate sheet will need to be attached with a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth is not able to self-administer these treatments and to communicate with Emergency Response Personnel. Ministry leaders, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.

**Acknowledged Expectations of Code of Conduct for all registered participants**

Expectations: Every youth and adult will treat each other with respect, and conduct themselves in a manner that positively represents St. Gabriel Catholic Community and the Catholic Church. Any drug, alcohol, tobacco, or illegal substance abuse will not be tolerated and will result in removal from the event and a possible ineligibility to participate in other youth ministry events. Adults and youth will abide by all laws (property damage, weapons, stealing, etc.) and will be held responsible for breaking them, and will be held responsible for any damages.

**I have read this code of conduct, and I understand and voluntarily agree to its provisions.**

