



20th Annual St. Cloud Diocesan Middle School Youth Rally
Sunday, January 27, 2019
Parish Registration and Permission Form

For Parish Use ONLY – Please retain with Parish Leader –DO NOT SEND TO DIOCESE PLEASE.

Participant's Name: _____ **Gender:** M or F

Parent/Guardian's Name: _____ **Grade:** 6 – 7 - 8

Home Address: _____

Home Phone: _____ **Parent 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 Middle School 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 _____.
Name of parish

A brief description of the activity follows:

Type of event: *20th Annual St. Cloud Diocesan Middle School Youth Rally*

Destination of event: *Cathedral High School, St. Cloud, MN*

Date & Time of event: *Sunday, January 27, 2019 – 9:00 AM - 4:00 PM*

Parish Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

<p>Cost: \$20 each until 1/16/19. \$25.00 after</p> <p>Fee: _____</p> <p>Shirt: _____</p> <p>Total: _____</p>
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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 _____
Name of parish

its officers, directors, employees and agents, and the Diocese of St. 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 St. Cloud, its employees and agents and chaperones, or representative 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: _____

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: *(See back page to enter requested information.)*

- * 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 St. Cloud, 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 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: _____

Costs: \$20 Registration Fee (after Jan. 16, 2019 fee is \$25.00) T-shirt is extra

I would like to order a t-shirt Adult Sizes - Please Circle: S M L XL 2XL 3XL 4XL
\$15 each (**Shirts Not Available After 1/16/19**)

Workshops Round 1 * 10:50-11:30 AM

- A) Faith and Sports
- B) Stress and Anxiety-taking care of yourself
- C) How to transition from middle school – High School
- D) Getting involved in Church-making a difference
- E) Relationships and self awareness

Workshops Round 2 * 12:15-1:00 PM

- A) Faith and Sports
- B) Stress and Anxiety-taking care of yourself
- C) How to transition from middle school – High School
- D) Getting involved in Church-making a difference
- E) Relationships and self awareness

Please Make Workshop Choices Use codes next to times (A,B,C,D,E)

Round 1 Choice: ____ 10:50 AM

Round 2 Choice: ____ 12:15 PM

Bring nonperishable Food Shelf Donations and receive a ticket for each item donated that will go into a drawing for a valuable prize. (up to 10 tickets).