

SAINT ANTHONY

presents

ROSARY CAMP

FIFTH GRADERS

SUNDAY, OCTOBER 25, 2009

1 PM– 5 PM

COST: \$10.00

LOCATION: SAINT ANTHONY'S

250 YOUTH AND 50 CLEARANCED ADULTS

We will focus on the Blessed Mother, her role in the Church,
the gift of the Rosary and her message to Juan Diego.

For more information contact: Patty Meyer 392-2930.

-YMCL742



CONSENT FORM
Rosary Camp— Form Due FIRST DAY OF CLASS

TO BE COMPLETED FOR ALL PARTICIPANTS and SIGNED BY A PARENT OR GUARDIAN IF PARTICIPANT IS UNDER 18.

Participant Name: _____ Birth date: ___ / ___ / ___ Age: _____
Last First Middle Initial

Address: _____ Grade: _____
Street City State Zip

E-Mail: _____

- Female
- Male
- Youth
- Young Adult (18 and high school graduate)
- Adult Chaperone
- Priest or religious _____
- Medical Professional (Nurse, Doctor, Other: _____)
May we utilize your "gifts" during the retreat
____yes ____no
- Church employee _____

Status Options: Please check ALL that apply and indicate type or title where appropriate.

Parish: Saint John Neumann, Lancaster, Msgr. Richard A. Youtz
Name City Pastor

School: _____

Group Coordinator: Rose Poet
Event Name: ROSARY CAMP Time: 1 p.m.—5 p.m.
Event Dates: Sunday, October 25,2009 Location: Saint Anthony's

Primary Emergency Contact: _____ Relation: _____
Parent/Guardian if participant is under 18 Last First

Address: _____
Street City State Zip

Phone: (____)____ - (____)____ - (____)____ - _____
Home Cell Work

E-mail: _____

Secondary Emergency Contact: _____ Relation: _____
Last First

Address: _____
Street City State Zip

Phone: (____)____ - (____)____ - (____)____ - _____
Home Cell Work

Allergic reactions: (medications, food, insects, etc)

Current Prescription Medications: (name, dosage, frequency)

Special medical/mental conditions: ___No ___Yes (Please describe)

- Access Needs: (Please check appropriate boxes and/or explain special needs or concerns.)
- Wheelchair access _____
 - Hearing impaired-interpretation needed _____
 - Visually impaired _____
 - Mobility impaired _____
 - Other _____

Over—>

Saint John Neumann– Yolanda M. Larson, Pastoral Associate for Youth
Office for Youth and Young Adult Ministry

Participants Name: _____ First Last

**YOUTH, ADULT CHAPERONES AND PARICIPANTS
MUST FILL OUT FORM BELOW**

Are there any medications that should NOT be administered to this participant? (allergies, interactions etc.)

Primary Care Physician: _____
Phone: (_____) _____ - _____
Primary Insurance Company: _____
Policy # _____
Group # _____

I understand and have been informed that taking part in this youth event involves the risk of injury, and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident for all participants.

I hereby consent and authorize any staff members and/or adult volunteers under whose auspices the program for which my child or myself is being conducted, to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member and/or adult volunteer from any liability as a result of that staff member or adult volunteer who acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or video of participants may be taken during this youth event and used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Saint John Neumann (Participants would not be identified, however, without specific written consent.) I understand that if I do not wish to have photographs or video used for such publications that I must provide written notification to the Office for Youth and Young Adult Ministry. I understand that the Office has no control over the use of photographs or video taken by media that may be covering the event.

I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for _____ to participate in this youth event.

In signing this document, I, _____ as a participant in a SJN youth event, understand and agree to abide by the Saint John Neumann Office for Youth and Young Adult Ministry Code of Conduct for Youth or Adults (if applicable).

I, _____ as the parent/legal guardian of this youth participant have reviewed the Code of Conduct with my child.

I/We also acknowledge that if I/he/she has to return home early for discipline violations, it will be at my/our own expense.

_____/_____/_____
Participant Signature Date

_____/_____/_____
Parent/ Guardian Signature (if participant is under 18) Date