



# Nativity Catholic Church - CYM Permission Form

## RALLY 2018!

Event Information		*TEEN and ADULT VOLUNTEER Information		Health Information and Insurance	
<b>Form Due by</b>	<b>October 14 or sooner</b>	Participant Name		List Known Allergies including Medicines:	
<b>Event</b>	RALLY – Diocese of Arlington	Age	Circle Grade 9 10 11 12		
<b>Date</b>	<b>Sunday, October 21, 2018</b>	DoB	Cell		
<b>Location</b>	Bishop O’Connell HS, Arlington, VA			Medical Conditions	
		Parent/Guardian Name			
<b>Arrival</b>	10:15am at Safeway Parking Lot	P/G Cell Number		Medications taken	
<b>Pick Up</b>	9:00pmish at Safeway Parking Lot	P/G Home Number			
<b>Cost*</b>	\$35 Cash or Check* – Not refundable	P/G Email		Carries Epi Pen?	Yes No
<b>Check Payable</b>	Nativity Catholic Church/Memo: Rally2018				
<b>Transportation</b>	Bus or Van. Drivers may be needed	Emergency Contact Name		Insurance Carrier	
<b>Other:</b> Eat/pack a snack/lunch BEFORE getting on the bus (or come earlier and get food from McDs. Snacks will be avail in afternoon. <b>Mass at 3pm. Pizza Dinner at 5pm. If food allergies – pack dinner.</b> #Wear appropriate clothes & shoes.		Emergency Phone1		Policy Number	
		Emergency Phone2		Policy Holder	
				Policy Holder Date of Birth	
		<b>Circle T-Shirt Size</b>	S M L XL 2XL		

### Authorization & Waiver

**AS THE PARENT/LEGAL GUARDIAN OF CHILD LISTED ABOVE, I GIVE PERMISSION FOR MY CHILD TO GO ON A PARISH TRIP TO THE EVENT/LOCATION LISTED ABOVE). I AGREE** to indemnify and hereby release The Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant’s involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant’s involvement in the above described event.

**INFORMED CONSENT TO MEDICAL TREATMENT: I request** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant’s transportation home and any costs related thereto. I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location.

**PHOTO/IDENTITY AUTHORIZATION: I authorize** the Diocese of Arlington, its parishes, it’s schools and/or the Arlington Catholic Herald to use and publish my child’s photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustrations and/or marketing purposes.

**CONSENT: I understand and hereby agree** to the terms and conditions of the participant’s involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

<b>P/G Print Name:</b>	<b>P/G Signature:</b>	<b>Date:</b>
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