

# Diocese of Kansas City – St. Joseph

## PARTICIPATION FORM FOR YOUTH MINISTRY EVENTS

(Please Print)

### I. Event Information

Parish/School/Organization Name: St. Sabina Youth Ministries

Event: Junior & Senior High Youth Trip to Worlds of Fun Halloween Haunt

Destination: Worlds of Fun, I 435 & Parvin Rd

Date/Time of Departure: Friday, October 11th at 5:30pm Date/Time of Return: 12:45am

Method of Transportation: Bus Participation Cost: \$ticket +\$10 for bus

### II. Participant Information

Name of Participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN(optional): \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Other Contacts in case of illness or injury:

Name/Phone: \_\_\_\_\_

Name/Phone: \_\_\_\_\_

### III. Participant Health Information (Required only for events more than 6 hours in duration)

Are you in general good health and able to participate in normal activities?  Yes  No

If No, describe your limitations: \_\_\_\_\_

\_\_\_\_\_

Identify any over-the-counter medications you will be bringing to the event: \_\_\_\_\_

\_\_\_\_\_

All immunizations up to date?  Yes  No

Physician's Name/Telephone: \_\_\_\_\_

Participant's Health Insurance Provider: \_\_\_\_\_

Policy or Group# \_\_\_\_\_

Primary Policyholder's Name : \_\_\_\_\_

#### Optional Information (provide to the extent you feel is appropriate):

Identify any prescription medications you are taking, and frequency of dosage: \_\_\_\_\_

\_\_\_\_\_

Identify any special dietary restrictions: \_\_\_\_\_

\_\_\_\_\_

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: \_\_\_\_\_

\_\_\_\_\_

**IV. Permission of Parent/Guardian**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes.

**V. Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

\_\_\_\_\_ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

\_\_\_\_\_ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

\_\_\_\_\_  
**Signature of Parent/Guardian** **Date**

*Forms will be kept on file in the Office of Youth Ministry for a period of one year following the Event.*

**You are welcome to bring one friend but they also need a permission slip! You may need extra cash for food etc...**

**\*\*Last year, the gate price was \$75+ tax and purchasing tickets in advance online cost \$39.99 plus tax. If you need assistance with online purchasing, contact Kirstie and she will purchase your ticket and you can pay the church. We are also collecting \$10 a person to help pay for the bus. Some of you have season passes. If you do and would like to share your friend discount with the group, please let me know!**

**You may not bring a bag of ANY size into the park! Wear clothing with pockets!**