

Summer Youth Ministry Events

2009 Registration Form

Youth Name: _____ Grade in fall 2009: _____

Belle of Louisville Cruise

Date: June 8

Time: 6:30 to 10:00pm

Registration deadline: June 5, 2009

\$_____ (Cost: \$18 per ticket)

Holiday World Family Trip

Date: July 1

Time: 9:00am to 9:00pm

Registration deadline: June 5, 2009

\$_____ (Cost: \$42 per ticket—may order additional tickets for family members)

Summer Daze (please indicate which dates you will be participating below by circling the date)

Dates: **July 7** (includes Greentree Ten Movie admission)

July 14 (includes Atlantis Waterpark admission)

July 21 (includes Blackiston Bowl admission)

Time: 8:30am to 5pm

Registration deadline: June 5, 2009

\$_____ (Cost: \$60 for three days or \$30 per day for two or fewer days)

= \$_____ **total amount enclosed for middle school youth ministry activities
with check payable to OLPH Youth Ministry / cash**

Financial assistance is available by contacting the Youth Ministry Office at 948-0185

Summer Daze Leadership Team

Dates: July 7, July 14, and July 21 (must be present for all three days)

Time: 8:30am to 5pm

Registration deadline: June 5, 2009

\$_____ (Cost: \$10 to cover the cost of your tshirt)

Kings Island

Date: July 29

Time: 7:00am to 11:00pm

Registration deadline: July 5, 2009

\$_____ (Cost: \$45 per ticket)

= \$_____ **total amount enclosed for high school youth ministry activities
with check payable to OLPH Youth Ministry / cash**

Financial assistance is available by contacting the Youth Ministry Office at 948-0185

Don't forget... to fill out the medical release on the back of this form

Youth Ministry Medical Release Form

(Valid May 2009 to May 2010)

Youth Contact Info

Full Name: _____ T-shirt (Adult) Size: _____

E-mail address: _____ Do you read your email regularly? ____ Yes ____ No

Phone: _____ Cell Phone: _____ Do you text? ____ Yes ____ No

Facebook: _____ Grade: ____ School: _____

Emergency & Medical Info

Insurance Company: _____ Policy Number: _____

Family Physician _____ Physician's Phone Number: _____

Medical Conditions / Allergies / Special Dietary Needs: _____

Medications: _____

Archdiocesan Medications Policy: Any medication that the above named youth will be taking during the course of a youth ministry event, must be presented in it's original package with dosing instructions provided. I understand that all medications prescribed to youth 18 years or younger **will remain in the possession of the adult leader** (with the exception of inhalers and epipens) and **will be dispensed as prescribed**. I understand that non-prescription medications (including Tylenol, throat lozenges, etc.) will not be available unless brought by the youth participate.

Parent/Guardian Signature _____ Date: ____/____/____

Persons to contact in case of emergency:

Name: _____ Home Phone: _____ Cell / Work Phone: _____

Name: _____ Home Phone: _____ Cell/ Work Phone: _____

Legal Stuff

I, the undersigned parent or guardian of _____ a minor, do hereby authorize the adult(s) representing Our Lady of Perpetual Help as my agents, to consent in case of a medical emergency to any examinations, x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care deemed advisable by a qualified physician or local hospital. An authorized parish adult agrees to contact the undersigned as soon as possible if any emergency should arise. I will assume responsibility for fees incurred by such an emergency. In addition, I certify that the above information is correct and give permission for the release of medical records to the attending physician. I realize that I cannot hold the Our Lady of Perpetual Help, New Albany Deanery Youth Ministry Office, nor the Archdiocese of Indianapolis responsible for such and emergency.

As parent or guardian of the above named youth, I have hereby released the Archdiocese of Indianapolis, New Albany Deanery Parishes, Deanery Youth Ministries, parish staff and/or volunteer leaders from any claim, loss, cost, damage, or expense arising out of any accident or other occurrence causing injury to any person or property during any outings or events. In case of a sickness, the adult in charge has my permission to secure medical attention for my child. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

Additionally, as the parent of guardian of the above named youth, I understand that my child may be photographed, unidentified in group situations. I hereby grant permission for my child to be photographed and identified for releases to *The Criterion* and/or other parish promotions.

Parent/Guardian Signature _____ Date: ____/____/____