PEACEMAKERS

"Blessed are the peacemakers for they will be called children of God." - Matthew 5:9

Cycle B - Stereotypes, Cliques and Peer Pressure

Saturday, November 11, 2017

St. Dominic Archdiocesan Center Auditorium

10:00 a.m. - 4:00 p.m.

All 6th - 8th grade youth

Costs: $30 per person

(includes Lunch)

Registration Deadline: October 31, 2017

Please complete the following registration form and return to your Youth Ministry Leader. Each participant must have a liability and medical release form, accompanied by the registration form and fee.

REGISTRATION FORM

Parish/School Name: _____

CYM/Youth Leader: _____

Participant Name: _____

Status: Youth/Adult (Circle one) **Gender:** _____ **Grade:** _____

Phone #: _____ **Email:** _____

Address: _____

City: _____ **Zip:** _____

Do You Need a Vegetarian Meal? _____ **We can only provide a vegetarian option.**

Sponsored by the Archdiocese of Galveston-Houston
Office of Adolescent Catechesis and Evangelization

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PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name_____ **Date of Birth**_____

Home Address_____ **City/Zip Code**_____

Parent(s)/Guardian(s)_____ **Home Phone (___)**_____

Alternate Phone Number: (___)_____ ☐ **Cell Phone or** ☐ **Work**

Parish or Catholic School_____ **Grade** ____ **Age**____ **Sex**___

Participant's Email Address_____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant permission for my child, (participant's name),

_____ to participate in the **Peacemakers Program** to be held **November 11, 2017**

10:00 a.m.—4:00 p.m. at **St. Dominic Archdiocesan Pastoral Center, 2403 Holcombe, Blvd, Houston , TX 77021**

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

_____ _____
Signature (Parent/Guardian) **Date**

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

_____ _____
Signature (Youth Participant) **Date**

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

_____ _____
Signature (Parent/Guardian) **Date**

ARCHDIOCESE OF GALVESTON-HOUSTON **MEDICAL CONSENT FORM**

Medical Matters

I hereby warrant 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 in accordance with your wishes:

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 and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone_____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: ☐ Siezures ☐ Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No
- Has a medically prescribed diet?_____
- The following physical limitations?_____
- Immunizations current and up to date: ☐ Yes ☐ No Date of last tetanus/diphtheria immunization_____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.):

_____

Insurance Information: ☐ **No, I do not carry medical insurance at this time.**

Insurance Carrier:_____ Name of Insured:_____

Insurance Policy Number:_____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

_____ _____

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date

_____ _____

Signature (Participant 18 years of age or older must sign own consent) Date

Archdiocese of Galveston-Houston
Key Leader, Chaperone and Young Adult Assistant
Medical Release and Liability Form

I, _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

_____ _____
Print Name Date:

Address_____

City_____ Zip_____

Parish_____

Home Phone (___)_____ Work Phone (___)_____

Physician's Name_____ Phone (___)_____

(The following request is pertinent information if you rendered unconscious)

Date of Birth (including year): _____ Age:_____

Date of last Tetanus shot: _____

Please list **ALL** medical conditions / allergies / special health information including bouts with depression and anxiety:

_____

Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:

_____

Do you have Medical Insurance: ▫ Yes ▫ No

If Yes, Please provide the following information: Insurance Company:_____

Policy in the name of:_____ Policy Number:_____

Name of Emergency Contact: _____ Phone Number: (_____)_____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

X_____
Signature

In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones, I understand that there will be consequences for my actions, which could include being asked to leave the event.