

St. Margaret Mary High School Ministry

St. Margaret Mary Parish
 111 S. Hubbard Street,
 Algonquin, IL
 Phone: 847-658-7881 Fax: 847-658-2378

Youth Ministry Liability Release Form

Chicago Trip Thursday, July 27	
8grade and High School Lock-In Friday, August 11-Saturday August 12	
Feed My Starving Children Friday, September 22	
Richardson Corn Maze Saturday, October 14	
National Catholic Youth Conference November 16-19	
Feed My Starving Children Saturday, December 9	
Christmas Caroling Monday, December 18	
Sundays at Sunrise Sept. 10, Oct. 8, Nov. 5	
Outings Selection Box	

<input type="checkbox"/> Small Groups	<input type="checkbox"/> Small Groups
<input type="checkbox"/> Chicago trip	
<input type="checkbox"/> 8 grade and High School Lock-In	
<input type="checkbox"/> Feed My Starving Children	
<input type="checkbox"/> Richardson Corn Maze	
<input type="checkbox"/> NCYC November 16-19	
<input type="checkbox"/> Feed My Starving Children	
<input type="checkbox"/> Christmas Caroling	
<input type="checkbox"/> Sundays at Sunrise	

Participant's Name _____ Birth Date _____
 Address _____ Grade _____
 City _____ State _____ Zip _____ Phone # _____

Parent / Guardian

1 Form per Participant

Primary Phone: _____ E-Mail _____

I, _____ (Parent Name), give permission to my above named son/daughter to attend **All the Outings Selected in the Outings Selection Box** below.

I hereby release and indemnify St Margaret Mary Parish in Algonquin, IL and its Staff and volunteers and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

Regular Physician _____ Phone # _____

Insurance Information:

Insurance Company _____ Policy Holder _____

Policy Number _____ ID/SS# _____

Please list all allergies and/or special medical concerns your child may have.

In case of an emergency, contact: _____

Phone: _____

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website and other social media forms.

Code of Behavior: As a participant in this event, he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been