



# Saint Raymond of Peñafort Youth Apostolate Information Sheet

(For Participation in Youth Apostolate Mtgs./Events/Trips)  
**Parent/Guardian Consent Form & Liability Waiver**



Participant's Name:	Age:	T-Shirt Size:	Grade:
Birth Date:	School:		Parish:
Home Phone:	Home Address:		
Mom's Name:	Mom's Cell:	Mom's Email:	
Dad's Name:	Dad's Cell:	Dad's Email:	
Participant's Cell:	Participant's Email:		

### Emergency Contact Information

In the event of an emergency, please contact the following people in the following order:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

**Parental Permission and Liability Release:** As parent/legal guardian of the participant named above, I give my permission to participate fully in all events hosted by St. Raymond's Youth Apostolate including all meetings, programs and events that take place on St. Raymond's premises from September 1, 2021 through August 31, 2022. 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 events. I agree to adhere to guidance and direction mandated by the Commonwealth of Virginia and policies adopted by the diocesan parishes regarding the COVID-19 virus and will adhere to all such procedures and guidelines provided by parish leaders during Youth Apostolate events.

**Informed Consent to Medical Treatments** such procedures and guidelines provided by parish leaders during this event: 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.

**Photo, Press, Audio, and Electronic Media Release:** I authorize the Catholic Diocese of Arlington, its parishes, its 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, illustration and/or marketing purposes. I understand this authorization is valid in perpetuity beginning September 1, 2021 unless I void it in writing.

### Health Information

Please list any medical history and/or mental health conditions which may affect the participant's involvement in any Youth Apostolate event.

Please list any known allergies including any allergies to food or medicine? Indicate special dietary needs as well.

Does child carry epi-pen?

My child has permission to take the following over the counter medications:

- Advil                  Tylenol                  Benadryl                  Sudafed
- Other

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Participant's Name:

**Please list any prescription or doctor prescribed over the counter medications your child is taking:**

Drug Name: Dosage: Per:

Drug Name: Dosage: Per:

### Physician & Medical Insurance

Primary Healthcare Provider Phone:

Insurance Company: Policy #:

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### Car Pool Information

Would it be ok with you if St. Raymond's shares your contact information with other families who have teens participating in Youth Apostolate events who have also given permission to share their contact information, for the purpose of setting up potential car-pools to and/or from St. Raymond's Junior High and/or High School Youth Apostolate events?

Yes, please share my information with other families interested in car pooling to/from St. Raymond's Youth Apostolate events.

No, please do not share my information with anyone.

I understand and hereby agree to the terms and conditions of the participant's involvement in the event described on pages 1 and 2 of this consent form and liability waiver, and I freely execute this Acknowledgement with full knowledge of its content.

**Signature of Parent or Legal Guardian** (*must be signature, simply typing your name is not valid*)

**Date:**

ALL INFORMATION IS KEPT CONFIDENTIAL