

**JOIN OUR ALL SAINTS YOUTH GROUPS
AND THE ST. PHILIP NERI YOUTH
GROUPS FOR THE ANNUAL**



**SOUTH CAROLINA
CATHOLIC YOUTH RALLY
& MASS FOR LIFE**



You won't want to miss this one day rally with hundreds of students from across the state coming together to stand up for life!

Beginning at the State House, we'll walk to the Township Auditorium after listening to a speaker for the Catholic Youth Rally. This year's rally will feature *Leah Darrow*. Leah was a professional model and appeared on the tv show "America's Next Top Model." After experiencing a conversion back to her Catholic faith, Leah now travels the world encouraging others to embrace Christ's mercy and reclaim beauty.

Mass will be celebrated by *Bishop Guglielmone*.

Who: All Middle *and* High School Students

Where: Township Auditorium (Columbia, SC)

When: January 12, 2019. We'll meet the bus at St. Philip Neri at 10:00 am, return to St. Philip Neri at 7 pm.

Cost: \$30 (*includes transportation, lunch, & t-shirt*)

**PERMISSION FORMS AND MONEY* ARE
DUE NO LATER THAN DECEMBER 16**

Contact Julie with questions:

Email: allsaintsyouth16@gmail.com

Parish Phone: 803-831-9095

Cell Phone: 803-627-5491

**As always please do not let financial concerns keep your child from attending this retreat. See Julie for details.*

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event: Youth Rally and Mass for Life

Date(s): January 12, 2019

Type of Event: Retreat

Arrival/Departure Time: Meet at St. Philip Neri at 10:00 am, return to St. Philip Neri at 7 pm

ER Phone Number: 803-627-5491

Destination: Township Auditorium, Columbia, SC

Individual In Charge: Julie Hall

Mode of Transportation: Parent pick up/drop off to SPN, travel via charter bus to Columbia

Participant Information:

Participant's Name: _____ Birth Date: _____ Age: _____

Gender: _____ Grade: _____ Full Address: _____

Parent/Guardian's Name _____

Home Phone: _____ Alternate Phone: _____

Parent Email: _____

Adult Shirt Size: _____ S _____ M _____ L _____ XL _____ 2X _____ 3X

Permission to Participate:

I, _____, grant permission for my son/daughter, _____
Parent or Guardian's Name *Child's Name*

to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Parish employees and/or volunteers from _____.

Parish Name

Hold Harmless Agreement:

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend All Saints, its officers, directors, agents, and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named activity/event.

Signature of Parent/Guardian: _____ **Date:** _____

Permission To Be Photographed:

I give my permission for my child, _____, to be photographed at
Child's Name

this event and understand that the photographs may be used for publicity, etc. ☐ Yes ☐ No

Signature of Parent/Guardian: _____ **Date:** _____

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MEDICAL CONSENT AND PERMISSION TO TREAT

Release of Information:

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personnel permission to release medical information to the Diocesan Director and/or my parish youth minister in the event that my youth becomes ill or injured.

Signature of Parent/Guardian: _____ **Date:** _____

Insurance Information:

Insurance Carrier: _____ **Policy Number:** _____

Emergency Contact Information:

Parent/Guardian's Name: _____

Full Address: _____

Home Phone: _____ **Alternate Phone** _____

If you are unable to reach me, please contact:

Name: _____ **Phone:** _____

Relationship to me or my son/daughter: _____

Medical History:

My son/daughter is under the care of a medical provider. _____ **Yes** _____ **No**

Provider Name: _____ **Phone Number:** _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled with type, frequency, and dosage or in the original container. _____ **Yes** _____ **No**

My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) To be given to my child if necessary. _____ **Yes** _____ **No**

My son/daughter is allergic to the following: _____

My son/daughter has the following medical conditions: _____

My son/daughter's immunizations are current and up to date _____ **Yes** _____ **No**

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. _____ **Yes** _____ **No** Please explain: _____

Signature of Parent/Guardian: _____ **Date:** _____

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