

"My grace is sufficient for you, for power is made perfect in weakness"
2 Corinthians 12:9



Students in grades 9-12 are invited
to the 29th Annual High School

DIOCESAN YOUTH CONFERENCE

This incredible weekend with over
750 High School students from
across SC features speakers *Fr. Joe
Espaillat, Doug Tooke, Lorena Robles,*
music from the *Justin Dery Band,*
and Mass with *Bishop Guglielmone!*

Julie Hall, Director of Youth Ministry
Email: allsaintsyouth16@gmail.com
Parish Phone: 803-831-9095
Cell Phone: 803-627-5491

March 8-10, 2019

**White Oak
Conference
Center**

\$72.50
*(All Saints is
splitting the total
cost of \$145)*

**Deadline to
register is
FEBRUARY 3**

**Please do not let financial
concerns keep your child
from attending! Contact
Julie for details.*

Parent/Guardian Permission and Liability Waiver

Description of Activity/Event: Diocesan Youth Conference

Date(s): March 8-10, 2019

Type of Event: Retreat

Arrival/Departure Time: Arrive at St. Philip Neri (292 Munn Road, Fort Mill, SC) at 5:00 pm for dinner and carpool on March 8. Return to All Saints on March 11 around 1:00 pm.

ER Phone Number: 803-627-5491

Destination: White Oak Conference Center, 663 Mobley Highway, Winnsboro, SC

Individual In Charge: Julie Hall

Mode of Transportation: Charter bus

Participant Information:

Participant's Name: _____

Birth Date: _____ Age: _____ Gender: _____

Parent/Guardian's Name _____

Full Address: _____

Home Phone: () _____ Business Phone: () _____

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 _____,

Parish Name

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

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

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: () _____ Business Phone () _____

If you are unable to reach me, please contact:

Name: _____

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. 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'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:* _____

Side B