

SAINT JOHN THE EVANGELIST PARISH
YOUTH MINISTRY ACTIVITY
PARENTAL PERMISSION & RELEASE FORM

Please complete and return this form to Maria Shadle, Youth Minister.

My child, _____, has my permission to participate with the St. John the Evangelist Parish High School Youth Ministry Volleyball League Team:

High School Youth Ministry Volleyball League Team

St. John the Evangelist March, 2023 – May, 2023

Cost: \$70 per person --- *cash preferred, if paying by check, please make your check payable to "St. John the Evangelist Youth Ministry"*

Team members are responsible for own transportation. The Inter-Parish Youth Ministry Volleyball is designed for the high school students to have fun and grow in fellowship while playing volleyball with peers between different parishes. ***This volleyball league is not a CYO league sport. Thus, any youth in grades 9-12 who have parental permission and who submit a \$70 registration fee may play in the league.***

I hereby agree to indemnify and hold harmless St. John the Evangelist Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent or Guardian Signature

Phone: _____

MEDICAL RELEASE To Whom It May Concern: As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for June 22, 2022 through August 3, 2022. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. [Please notify the office whenever there is a change in medical/insurance information on file in the office.]

Name of Parent

Date

St. John the Evangelist Youth Ministry Medical Information & Liability Release

Please print and complete all areas.

Student Name _____

Birth Date _____

Address _____

EMERGENCY TELEPHONE NUMBERS: Phone numbers where our coaches/youth ministry leader can reach a parent or an emergency contact person (other than parent) for the student named above during scheduled practices, games or events.

1 Parent/Legal Guardian: _____ Cell/Work _____

2. Alternate Contact: Name/Relationship to teen _____ Phone _____

MEDICAL INSURANCE CARRIER: _____

Policy Holder's Name _____

Insurance ID Number _____

Group Number _____

MEDICAL INFORMATION:

Family physician's Name _____ Phone _____

Date of last tetanus shot: _____

Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware: Food _____ Drug _____ Animal _____ Other _____

Does your child need to have our program activities limited in any way (please explain)

My child requires the following medicine: _____ Frequency _____

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. John the Evangelist Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature: _____ Date _____

Signature of Parent/Legal Guardian This form must be returned for registration to be completed.