**St. Leo/St. Pius X Church - Youth Ministry Event Permission Form**

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| **Janet Drvol – Coordinator of Youth Ministry** | 1920 N. 102nd St. Omaha, 68114 | 402-397-0407 |
| **janet@stleo.net/janetd@stpiusxomaha.org** | **6905 Blondo St. Omaha, 68104** | **402-558-8446** |

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| Participant’s Name | |  | | Name of School | |  |
| Date of Birth | |  | | 22-23 Grade | |  |
| Participant’s Cell Phone | |  | | Parent/Guardian Name(s) | |  |
| Street Address | |  | | Parent/Guardian E-mail | |  |
| Home Phone Number | |  | | City, State & Zip | |  |
| I, |  | | Grant permission for, | |  | | |
|  | (Printed Parent or Guardian name) | |  | | (Printed Youth’s Name) | | |
| to participate in this St. Leo/St Pius Youth Ministry event that is located away from the parish. | | | | | | | |

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| **Type of Event:** | Summer Stretch for Junior High |
| **Location:** | St. Leo and Various Service Sites |
| **Date and Time:** | June 27, July 11, and July 25; 9:00am – 3:00 pm |
| **Transportation:** | Personal Vehicle |
| **Cost:** | $25 per day attending + $10 t-shirt fee |

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| Insurance company |  | Policy Number |  |
| Any existing medical conditions an emergency physician would need to know (allergies, drug reactions) **YES or NO** | | | |
| Explain: |  | | |

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| I hereby authorize a representative of St. Leo/St. Pius Church Youth Ministry to take my child to a physician or facility for medical treatment in the event of an emergency in which neither a parent nor the adult in whose care the minor has been entrusted can be reached.  If the above-named physician cannot respond, I authorize any physician or medical centers to treat my child. | | | |
| If a parent or guardian cannot be reached, whom should we notify? | | | |
| *Name* |  | *Phone Number* |  |

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| I agree that my child shall abide by the rules and regulations outlined in the *St. Leo/St. Pius Church Youth Ministry Code of Behavior*I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the Youth Ministry sponsored program and sent home at my expense.  As parent and/or guardian, I remain legally responsible for any personal actions taken by the above-named minor. I agree, on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend ***St. Leo/St. Pius Church***,it’s officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, the Archdiocese of Omaha, chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses arising in connection therewith. |

***The Code of Behavior is developed to help all participants have a fun & safe event. All participants are expected to adhere to it.***

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| **Parent or Guardian** I agree to the above statements**:** |  |  |
| Parent/Guardian Signature |  | Date |
| **Youth Participant:** I understand and agree to the St. Leo/St. Pius Church Youth Ministry Code of Behavior. I also understand that my parent(s)/guardian will be notified for any event requiring my dismissal from the program and that transportation will be at their/my expense. | | |
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| Youth Signature |  | Date |

**Please mark which date(s) your child will be participating in Summer Stretch.**   
*Participants can join us for one, two, or all three dates:*

**\_\_\_\_\_June 27 \_\_\_\_\_July 11 \_\_\_\_\_ July 25**

**Participant t-shirt size:** Youth \_\_\_\_\_\_\_ OR Adult \_\_\_\_\_\_\_

***All Forms & Payment are due to the Parish Office by June 1, 2023***