



St. Teresa of Avila Youth Ministry

Liability, Medical, and Consent Form

Please read carefully, complete, and return to the parish office as soon as possible. This form will be used for all youth ministry functions through September 2017

Teen Name: _____ Birthdate: _____ Gender: _____ T-shirt Size: _____

Home Address (City, State, Zip): _____

Teen's Cell Phone (Or best phone number to reach teen): _____

Teen Email: _____ School & Grade: _____

Parent/Guardian Name(s): _____ Cell: _____

_____ Cell: _____

Parent/Guardian Email(s): _____

I agree to allow the teen named above to attend and participate in activities sponsored by and related to St. Teresa of Avila Catholic Church youth ministry. These functions may include but are not limited to Life Nights, Word Wide Open, service projects, pick-up games, small group meetings, meeting with a VIRTUS trained adult at a coffee shop, restaurant, or other public space to discuss life, faith, and personal growth. I also understand that my child's participation may require transportation. This transportation is arranged by St. Teresa of Avila Catholic Church leaders. I agree to hold harmless and defend St. Teresa of Avila Catholic Church, its officers, directors, employees, and agents, and the Diocese of Savannah, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child's participation or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Teresa of Avila Catholic Church its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage

Parent/Guardian Signature Date

I give permission for my teen to be photographed during activities associated with St. Teresa of Avila Catholic Church. I understand that said photos/videos may be published on the parish website, social media, parish bulletin and other modes of communication associated with St. Teresa of Avila Catholic Church

Parent/Guardian Signature Date

I give permission for Youth Ministry staff and volunteers associated with St. Teresa of Avila Catholic Church to communicate with my teen via e-mail, text messaging, phone calls, Instagram, Twitter, Facebook and other social media platforms

Parent/Guardian Signature Date

Emergency Medical Treatment: In the event of an emergency, I hereby give permission for my child to be transported to a hospital for emergency medical or surgical treatment. In such an event, please contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

I give permission for my child to be given non-prescription medication in accordance with the instructions given by the manufacturer, if deemed appropriate.

Parent/Guardian Signature Date



Specific Medical Information:

Allergic Reactions (Medication, foods, plants, insects, etc.): _____

Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Are you subject to emotional reaction to new situations, sleepwalking, fainting? If so, please specify:

You should be aware of these special medical conditions: _____

TEEN CONTRACT

I, _____, understand that by participating in activities sponsored by and related to St. Teresa of Avila Catholic Church youth ministry, I am promising to cooperate with the youth ministry staff and volunteers, church staff, priests, and other youth. I promise to follow all instructions and rules. I understand that use of alcohol, tobacco, and any other drugs is strictly prohibited. I understand that weapons of any kind are prohibited. I promise to refrain from the use of foul language. I promise to not bully anyone physically or verbally. I will use positive and up building speech when communicating with my peers and anyone else associated with St. Teresa of Avila Catholic Church and their various functions. I understand that if I violate these guidelines I will be sent home at the expense of my parent(s)/guardian.

Teen Signature

Date