



HIGH SCHOOL EVENT FORM

St Peter the Apostle Catholic Church, 202 Kronkosky, Boerne, Texas 78006

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MEMBER INFORMATION

Teen's Name: _____ Male / Female (circle one)

Teen's Cell Phone: (_____) _____ Teen's Email (if used): _____

Birth Date: ____/____/____ Grade: _____ School: BHS, B-CHS Other: _____

T-Shirt Size (circle one): Adult S — Adult M — Adult L — Adult XL — 2XL — 3XL

Parent/Guardian's Name(s): _____

Home Address (including city & zip): _____

Home Phone: (_____) _____ Alternate Phone(s): (_____) _____

Parent's Email: _____

(Email addresses will be used for Life Teen/St. Peter the Apostle Parish related information only)

MEDICAL CONSENT & PERMISSION TO TREAT

My child is in the care of St. Peter the Apostle Catholic Church for the purpose of these youth ministry activities:
Youth activities for the year July 1, 2011 thru June 30, 2012.

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.

If you are unable to reach me in the event of emergency, please contact:

Name(s): _____ Relationship to my son/daughter: _____

Home Phone: (_____) _____ Alternate Phone(s): (_____) _____

Mother's Cell: _____ Father's Cell: _____

PLEASE INCLUDE A PHOTOCOPY OF YOUR INSURANCE CARD, front & back.

Insurance Carrier: _____ Policy Number: _____

My son/daughter (please initial):

~immunizations are current and up to date _____ YES _____ NO

~has received a tetanus shot in the last 10 years _____ YES _____ NO

~may take aspirin (will not be given without your permission) _____ YES _____ NO

~is allergic to the following: _____

~has the following limitations: _____

~experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, or other conditions we should know about. _____ YES _____ NO

Please explain _____

~is permitted to take, if necessary, non-prescription/over the counter medication (i.e. cough drops, cough syrup, ibuprofen, acetaminophen, etc.) _____ YES _____ NO

~is taking medication; will bring all medications with him/her and it will be clearly labeled. Name of medication(s) and directions for taking this medication, including dosage, frequency, and storage is as follows: _____

PARENT/GUARDIAN NAME (PRINT): _____

SIGNATURE: _____ **DATE:** _____



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PERMISSION FORMS & LIABILITY WAIVER

I, _____ grant permission for my son/daughter, _____
(Parent/Guardian's Full Name-please print) (Child's Name-please print)

to participate in field trips/youth events that require transportation to a location away from the parish site and events on parish grounds. These activities will take place under the guidance and direction of parish employees and/or volunteers from **St. Peter the Apostle Catholic Church**. These field trips will occur as follows:

Youth activities for the year July 1, 2011 thru June 30, 2012.

You will be notified of youth events as they are planned via church bulletin, mail and/or Phone Tree.

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

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend **St. Peter the Apostle Catholic Church**, Boerne, Texas, its officers, directors agents, and the Archdiocese of San Antonio from any liability for illness, injury, death or property loss/damage arising from or in connection with my son's/daughter's attending the above named events, and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

SWIMMING PERMISSION FORM

Swimming is an optional activity for some High School events. Your signature attests to the fact that your teen has the necessary swimming skills to participate, when available.

****Dress code for girls:** One piece swim suits or two piece suits *with a t-shirt cover* are required. A tankini style suit (2-piece that appears to be a 1-piece) is permitted if it does not have a bikini bottom. Any swim suit that does not meet the spirit of this dress code will also require a t-shirt cover. We appreciate your help in promoting modest dress.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

LUNCH PERMISSION FORM

I give permission for my son/daughter named above to eat lunch in the company of youth ministers or other representatives of St. Peter the Apostle Catholic Church on the days that they are present at my teen's school.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

MODEL RELEASE STATEMENT

I hereby **GRANT / DECLINE** (circle one) permission for my teen named above to be photographed and/or videotaped during High School activities & events; and for the resulting photographs/videotaped footage to be edited, if necessary, and then published and/or broadcast (newspaper, church bulletin, church website etc.) for the purpose of promoting the activities of St. Peter the Apostle Catholic Church. I understand that my teen may decline to be photographed/videotaped at any time and his/her personal information (name etc.) will be kept anonymous in the event of publication.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____