

ONE FORM PER STUDENT

BLACK OUT/CROSS OUT ALL EVENTS YOU WILL **NOT** ATTEND (please note dates may change):

- July 18-22, 2016: Youth Ministry Leadership Retreat at St. Patrick
- July 30, 2016: San Lorenzo Ruiz Summer Jam at St. Patrick Hall
- August 12-14, 2016: Youth Ministry Camping Retreat at Casini Ranch Family Campground, Duncan Mills
- September 17, 2016: OnFire NorCal Jam at Discovery Kingdom, Vallejo
- October 1, 2016: Parish Beautification at St. Patrick Parish Grounds
- October 7-8, 2016: Confirmation Phase I Retreat at Diocese of Oakland Youth Retreat Center, Lafayette
- October 23, 2016: School Craft Faire at St. Patrick Parish Hall
- November 5-6, 2016: Stewardship Fair at St. Patrick Parish Hall
- November 27, 2016: Rodeo Tree Lighting at St. Patrick Parish Grounds
- December 4-6, 2016: Confirmation Phase II Retreat at NatureBridge, Sausalito
- December 11, 2016: Breakfast with Santa at St. Patrick Parish Hall
- December 16-24, 2016: Simbang Gabi Mass(es) at St. Patrick Church and Parish Hall
- December 24, 2016: Christmas Eve Children's Mass at St. Patrick Church
- February 4, 2017: Knights of Columbus Crab Feed at St. Patrick Parish Hall
- February 23-26, 2017: Religious Education Congress at Anaheim Convention Center, Anaheim
- March 11, 2017: St. Patrick Dinner Dance at St. Patrick Parish Hall
- March 30, 2017: Faith Formation Seder Meal at St. Patrick Parish Hall
- April 9, 2017: YM Easter Egg Stuffing at St. Patrick Parish Hall
- April 16, 2017: YM Easter Egg Hunt at St. Patrick Parish Grounds
- May 20, 2017: Flores de Mayo at St. Patrick Parish Grounds and surrounding neighborhood
- May 21, 2017: Vacation Bible Training at St. Patrick Parish Hall
- June 12-16, 2017: Vacation Bible Camp Setup at St. Patrick Parish Hall
- June 19-23 and 26-30, 2017: Vacation Bible Camp at St. Patrick Parish Hall

Student Information

First Name: _____ MI _____ Last: _____

Street Address: _____ City/Zip Code: _____

Gender: M F Date of Birth: ___/___/___ Birthplace: (City) _____ (State/Country) _____

School: _____ City of School: _____ Grade: _____

Student Email: _____ Home Phone: () _____ - _____ Student Cell: () _____ - _____

Parents Information

MARITAL STATUS (circle): Single Married Divorced Separated Widowed Domestic Partners			
	First Name	Last Name	
	First Name	Last Name	
Father/Guardian:	Mother/Guardian:		
Work #:	Cell #:	Work #:	Cell #:
Email:	Email:		
Address (if different from above)		Address (if different from above)	

St. Patrick Catholic Church
2016 - 2017 HEALTH AUTHORIZATION & RELEASE FORM
 THERE MUST BE A COPY OF THIS FORM AT ALL ACTIVITIES

Student Information

First Name: _____ MI _____ Last: _____
 Street Address: _____ City/Zip Code: _____
 Gender: M F Date of Birth: ___/___/___ Birthplace: (City) _____ (State/Country) _____
 School: _____ City of School: _____ Grade: _____
 Student Email: _____ Home Phone: () _____ - _____ Student Cell: () _____ - _____

Parents Information

First Name	Last Name	First Name	Last Name
Father/Guardian:		Mother/Guardian:	
Work #:	Cell #:	Work #:	Cell #:
Email:		Email:	

Emergency Contact Information *(Other than parents/guardians)*

1 st Person- Name:	2 nd Person- Name:
Relationship:	Relationship:
Home #: _____ Cell/Other #: _____	Home #: _____ Cell/Other #: _____

Emergency Information

Do you authorize the adult leader to authorize medical treatment for your child in an emergency, as considered necessary by the attending physician? **(circle)** Yes No If no, state any reasons why you do not want medical care given to your child in an emergency: _____

Physician Name: _____ Hospital Name _____ Phone: () _____ - _____
 Address: _____ City _____ Zip _____
 Medical Insurance Name: _____
 Member ID #: _____ Group #: _____ Plan #: _____

List all conditions (such as allergies, seizures) for which this student requires ongoing medication and state the type and frequency of medication given: _____

Is your child taking any medication that will need to be administered during an event? **(circle)** Yes No
 If yes, please list medication: _____

Student had difficulty with the following **(check all that apply)**: Asthma Fainting Spells Convulsions Diabetes Heart
 Eyes Ears Nose Throat Lungs Digestion Menstrual Problems Other _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medication or food? **(circle)** No Yes, List _____

State the date of child's last physical examination: _____

1. I/we, parent(s) or authorized guardian(s) of _____ (child's name) give permission for his/her participation in **St. Patrick Parish Events and all related events** from **June 1, 2016 to June 31, 2017** and all related activities, including but not limited to transportation to and from this St. Patrick Parish Events and all related activities.
2. I/we agree to direct my/our child to cooperate and comply with reasonable directions and instructions from St. Patrick Parish Events and all related activities staff or adult volunteer leaders.
3. I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in these event(s), whether or not caused by the negligence of St. Patrick Parish Events and all related activities program employees, agents or volunteers or other participants.
4. I/we understand that youth participating in St. Patrick Parish Events and all related activities risk injury to the body, psyche or property damage to themselves and others. Such injuries can be caused by other persons or accidentally or intentionally self inflicted, faulty equipment or facilities, conditions of recreational facilities, vehicle accidents while in transport or through the activity itself.

Release & Waiver of Liability & Indemnity Agreement

In consideration for being permitted to participate in this St. Patrick Parish Events and all related activities, use the equipment provided and to enter the premises or facilities of the Diocese of Oakland (Diocese) for any purpose including observation and participation in activities, the parent or guardian for him or herself and any successors in interest and on behalf of the minor child agrees:

1. To release, waive, discharge and promise not to sue the Diocese of Oakland, and its affiliated entities, its officers, directors, employees, agents and volunteers (hereafter referred to as "Releasees") from all liability for any loss or damage, and any claim or demands therefor on account of serious or mortal injury to the body, injury to psyche or property of the minor child, or undersigned parent or guardian, whether caused by negligence or other conduct by the Releasees while the minor child, parent or guardian is participating in this event or in, upon or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Releasees from any loss, liability, damage or cost it may incur due to the presence of the minor child, parent or guardian in, upon or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Patrick Parish Events and all related activities whether caused by the negligence of Releasees or otherwise.
3. That the parent or guardian has read this Agreement, voluntarily signs the Agreement and that no oral representations, statements or inducements apart from the contents of this written Agreement have been made.

Model Release Statement

I hereby (circle one) GRANT / DECLINE permission for my child named on this form to be photographed and/or videotaped during St. Patrick Parish Events and all related activities; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, church website, Twitter, Facebook, Instagram, other social media, etc) for the purpose of promoting the activities of St. Patrick Catholic Church.

I have read this Agreement and understand everything written above.

Signature of Parent/Guardian	Date
Signature of Parent/Guardian	Date