SAINT JOHN YOUTH CONFIRMATION PROGRAM

I, _____, the undersigned parent/guardian of _____, do hereby give permission for my son/daughter to attend the Youth Ministry Activities held at St. John Catholic Church in Encinitas, California.

I also give permission for photographs to be taken of my child/children during program activities. These photos may be printed in the church bulletin, displayed on church property, posted on the parish website, or submitted to the Diocese newspaper. ____Yes ____No

APPROVAL OF EMERGENCY PROCEDURES

When the person in charge decides a minor child needs emergency medical treatment, he/she will make a reasonable attempt to contact us. We give this authorization in advance so that if we cannot be reached, he/she will have the authorization and power to approve necessary medical attention recommended by a licensed physician or surgeon. Neither agents nor organizations will assume financial responsibility for this action. In emergency situations where we cannot be contacted, we hereby authorize the persons in charge to follow the procedure listed below, which is pursuant to Section 25.18 of the Civil Code of California:

1. Time and situation permitting, make a reasonable attempt to contact our named agents.

EMERGENCY CONTACT NAME_____ PHONE_____

2. When agents cannot be contacted, the person in charge is to act on our behalf.

3. Time and situation permitting, contact the following doctor, hospital, and/or ambulance service: FAMILY PHYSICIAN: _____ PHONE: _____

ALLERGIES_____ MEDICATIONS_____

Physical Limitations or Conditions_____

4. To be our agent to give consent for any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care that is recommended by any licensed physician or surgeon.

RELEASE FROM LIABILITY

I understand and agree that by signing this form, I am freeing Saint John Catholic Church and the Saint John Youth Ministry Office, its officers, or other agents from any liability resulting from my child's participation in their sponsored activities. I certify that I have personally read and understand this waiver and release.

_____ _____

SIGNATURE OF PARENT/GUARDIAN **DATE**

***REGISTRATION WILL NOT BE ACCEPTED UNTIL ALL INFORMATION IS PROVIDED IN THIS FORM**