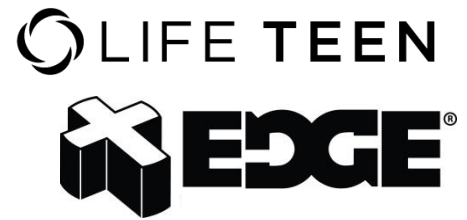


# **SAINT JAMES YOUTH MINISTRY EVENT REGISTRATION**



## **Checklist** *(all form included in this registration packet)*

- ✓ Permission Form
- ✓ Medication Authorization Form (as needed)
- ✓ Photo Release Form
- ✓ Payment (per event details, *checks payable to "St. James"*)

## **Submit all forms and payments to:**

Saint James Youth Ministry Office (Attn: YM / Gabriel)  
124 N. PCH Redondo Beach, 90277  
saintjamesym@gmail.com  
310-372-5228  
424-265-8336 (Text)

<http://saintjamesym.weebly.com>

**ARCHDIOCESE OF LOS ANGELES**  
**STUDENT/YOUTH ACTIVITY PERMISSION FORM**

Minor's Name: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Activity: (check one) *Field Trip (day)* \_\_\_\_\_ *Retreat (day)* \_\_\_\_\_ *Retreat (weekend)* \_\_\_\_\_

Event Location: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Mode of Transportation: Walk \_\_\_ Car Pool \_\_\_ Bus \_\_\_ Other (specify) \_\_\_\_\_ Adult Leader: \_\_\_\_\_

I request that my son/daughter be permitted to participate in the above activity. My son/daughter has no medical condition that would render it inappropriate for him/her to participate in this activity. My son/daughter has no known medical needs, allergies or dietary restrictions except as follows:

\_\_\_\_\_

Should it be necessary for my son/daughter to take medication while participating in this activity, I hereby give my son/daughter permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my son/daughter cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my son/daughter's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my son/daughter should it become necessary to do so. I agree to relieve the Location and participating adults from liability in connection with this request. I understand that the insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my son/daughter. I agree to indemnify and hold the Location harmless from the cost of any medical treatment and related expense and cost incurred.

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Ph# \_\_\_\_\_

*Release of Liability:* As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/ chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my son/daughter may suffer as a result of participation in the activity described above.

Name of Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

***Person to Notify in case of Emergency if Parent or Guardian is unavailable:***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_



**ARCHDIOCESE OF LOS ANGELES**

**PHOTO RELEASE FOR MEMORIALIZING**

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my or my minor's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I also understand that these items will be used solely for memorializing the event and nothing else.

Name of Minor: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Adult Participant: \_\_\_\_\_

Signature of adult participant: \_\_\_\_\_

Date: \_\_\_\_\_