

Catholic Youth Extravaganza

Saturday, April 29th

Grafton, ND



Awesome Talks. Mass & Adoration. Food & Fellowship. Fun.

3x3 Basketball Tourney. Dance. Friends.

Registration Deadline: April 7th

Event is sponsored by the Diocese of Fargo.

Catholic Youth Extravaganza

The Details

Cost: \$35* (includes lunch and supper)

Grades: 6th—12th

Details: We will leave Nativity at 7:00 AM and return by 11 PM. Parents, we are looking for chaperones!

Other info: Friends are welcome to join us! There will be two separate tracks for middle school and high school. The location of the event is St. John the Evangelist's Catholic Church, 344 15th Street West, Grafton.

Registration Deadline: April 7th

*Nobody will be turned away because of cost. Scholarships are available—contact Jackie.

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
Nativity Catholic Church

Participant's name: _____

Birth date: _____ Male/Female: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

I, _____ grant permission for my child, _____
(Parent or guardians name) (child's name)

to participate in this diocesan youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of diocesan employees and volunteers from the Diocese of Fargo. A brief description follows:

Type of event: Annual Catholic Youth Event
Destination of event: St. John the Evangelist's Catholic Church
344-15th Street West
Grafton, ND 58237-2023
Individual in charge: Jackie Gow
Dates of event: Saturday, April 29th, 2017
Mode of transportation: Chaperone Vehicles

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Fargo, its directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment, and I agree to compensate St. Joseph's Catholic Church, Nativity Catholic Church, the Diocese of Fargo, and the Diocese of Crookston its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature: _____ Date: _____
(Parent/Guardian)

(Make sure to complete and sign both sides of page)

Medical Matters:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship _____ Phone: _____ Family Doctor: _____
_____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Medications:

(a) My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child take such medications, including dosage and frequency of dosage are as follows:

Signature: _____ Date: _____

(b) No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

(c) I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Special Medical Information:

The Diocese of Fargo will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does your child have a medically prescribed diet?

Physical limitations? _____

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition? _____

You should be aware of these special medical conditions of my child:
