

NCYC

Ablaze - Enciende el Fuego

NCYC North Lake Deanery

Local Event

8th grade - College Sophomore

November 18-20, 2021

Consent to Participate, Waiver, and Release

Participant Information

Name _____ Age _____ Grade _____ T Shirt Size _____

Address _____ City _____ Zip _____

Participant Cell _____ Parish/School _____

Special Mobility Restrictions: _____ Food Restrictions/Allergies _____

Parent/Legal Guardian: _____ Cell _____

Email address _____

In case of an emergency, if I cannot be contacted at the phone or address provided above, please contact

Name _____ Cell _____

Activity Information

Sponsoring Parish/Organization- St John Bosco, Our Lady of Perpetual Help, St John the Baptist

Activity- Gathering for NCYC Local Event to include Activities, Prayer, Team building, Games and meals

Place- St John Bosco - 11/18/21, Our Lady of Perpetual Help - 11/19/21, St John the Baptist - 11/20/21

Date/s of Activity: November 18-20, 2021 **Cost:** \$30.00 per person **This Consent form Due:** **At event**

Chaperone/s: Vickie Blackwood - 219-951-8935, Pepe Flores - 219-805-3760, Jamie Sandona - 219-616-5341

Authorization and Waiver of Risk

I hereby agree and consent to my son/daughter _____ (child) participating in the above-named "activity/Event". Which includes traveling to and from the above named "Place". I further consent to my Child traveling to and from the above-named "place by way of _____. I acknowledge that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I release and hold harmless the Diocese of Gary, the Parish, the Parish Youth Minister/s, the Parish Chaperone, as well as any and all other participating organizations, their officers, agents, representatives, employees, and volunteers from any and all responsibility and liability for any injury, claim, costs, or any other damages whatsoever which may result from my Child's participation in the above-named "Activity/Event". I further agree to assume full responsibility for the actions of my Child as well as for the payment of any and all debts incurred by my Child during his/her visit and participation in the above named "Activity/Event".

I hereby agree and consent to my son/daughter _____ (child) receiving emergency medical treatment in my absence should the need for such treatment arise during by Child's participation in the above named "Activity/Event". Should the need for medical treatment arise, the following health information pertaining to my Child is voluntarily disclosed:

a. Medications: _____ b. Allergies: _____

Promotional Photographs

In the interest of promoting future activities, video and still photographs may be taken during this event. This form constitutes written permission for "Child's" participation in the videotape and or photographs, which may be used for future promotional efforts, including the Diocese of Gary website and participating parish sites (name are not used in photos)

By signing this Consent to Participate, Waiver and Release, I hereby acknowledge that I have read and fully understand the provisions contained above and I knowingly consent to my Child participating in the above named Activity/Event and agree to be bound by the terms and provision of this Consent to Participate, Waiver and Release.

Signature of Custodial Parent _____ Date _____

Printed name of Custodial Parent _____

Please Pre Register online at: <https://www.cognitofrms.com/JaimeSandona/NCYCRegistrationForm>