



ARCHDIOCESE
OF SAN ANTONIO

YOUTH 2018 **SPECTACULAR** Disciples! | #DisciplesYS2018



Archbishop Gustavo



Josh Blakesley



Mark Hart

Saturday, March 24, 2018

St. Mary's University Greehey Arena | 9:30 am – 4:00 pm | \$20.00

YOUTH LEADERS REGISTER YOUR GROUP NOW!

ARCHSA.ORG/YOUTH/YS2018

Questions? Contact Kelly Vazquez at Kelly.Vazquez@archsa.org or (210) 734-1679

Please Include A Copy of your Insurance Card.

Deadline to Sign Up: Thursday, March 8th

Attachment 4-1

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

I, _____, grant permission for my son/daughter, _____,

Parent or Guardian's Name Child's Name

to participate in this parish youth ministry event, that requires transportation to a location away from the parish site. I, also consent to the use by of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear. I understand that these materials are being used for promotion of the youth ministry of Holy Spirit (Name of parish, group, school, etc.). Such promotional activities extend to recruitment, fund-raising, advocacy, etc.

This activity will take place under the guidance and direction of parish employees and/or volunteers from Holy Spirit
Parish/School/Group Name

Activity: A brief description of the activity/event follows: Youth Spectacular 2018
9:30-AM- 4:00 PM Cost \$30

Date(s) of Event: Saturday March 24, 2018

On Site Telephone Number for Emergencies: Chris's Cell 210-386-5012 / Dan's Cell 210-663-5245

Destination: St. Mary's University - Greehey Arena

Individual in Charge: Chris Frelack + Dan Chavarría

Estimated Time of Departure and Return: _____

Mode of Transportation to and from Event: Parent's Drop off/ Pick-up

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Holy Spirit

Parish/School/Group Name

its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, I release the staff, volunteers, etc. from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Parent/Guardian Name (PRINT)

Signature Date

(over)

MEDICAL CONSENT AND PERMISSION TO TREAT

My child is in the care of Chris Frelack for the purpose of this youth ministry activity:
Youth Spectacular 2018

I am giving medical permission and consent to treat.

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian's Name: _____

Home Address: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: (....) _____

If you are unable to reach me, please contact:

Name: _____

Relationship to me or my son/daughter: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: () _____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medications) and directions for taking this medication, including dosage, frequency and storage are as follows:

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary. I understand that aspirin will not be given to my son/daughter without my express permission: I grant such permission ___ Yes, ___ No.

My son/daughter is allergic to the following: _____

My son/daughter's immunizations are current and up to date ___ Yes, ___ No.

My son/daughter has the following limitations: _____

My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. ___ Yes, ___ No. Please explain: _____

Parent/Guardian Name (PRINT) _____

Signature

Date

The registration site is not intended for individual registrants. If you are interested in attending, please contact your parish's Youth Minister or Director of Religious Education.

FOR PARISH/SCHOOL USE ONLY - DO NOT TURN INTO ARCHDIOCESE

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Youth Spectacular, March 24, 2018

St. Mary's University

Cost per person: \$20

Includes Registration, Lunch and T-Shirt

Name: _____

Address: _____

City/Zip: _____

Phone: _____ Email: _____

Circle one: Middle School High School Adult

Shirt Size: Small Medium Large XL 2XL 3XL

Will you need a vegetarian lunch? Yes No

Youth Leader: Please contact the Archdiocese if there is a request to assist a person with disabilities (ie. Wheel chair accessibility, hearing impaired, etc.)

Additional Information: