

**SAINT LEO THE GREAT YOUTH MINISTRY OFFICE**  
**PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM**

**Youth Currently in 6th –12th Grades**

**REGISTRATION DEADLINE: MAY 26, 2017**

**GRADE:** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

School: \_\_\_\_\_ Have you served at Vacation Bible School before? \_\_\_\_\_

To Whom It May Concern:

I, parent or guardian of \_\_\_\_\_ do hereby request that he/she be permitted to attend Saint Leo's "Waves of Mercy" Workcamp, Mon.-Fri., June 19-23, 2017. **I understand that my child is expected to attend all five (5) days of camp.** I understand that my child will serve as a Vacation Bible School team member (crew leaders & station helpers) each morning from 8:30am-Noon. Following lunch he/she will leave, by car or bus, from the gym on 6/19/17, 6/20/17 and 6/21/17 to serve in our local community and return to same @ 4:30pm. On Thurs., 6/22/17, at 1:00pm, my child will go by bus to Hershey Park and will return to Saint Leo's by 9:00pm. My child will bring a lunch with beverage each day. Snacks will be provided. **The cost is \$50, payable to "Saint Leo the Great" & to be returned with the registration.** My child will bring money on 6/22/17 for dinner at Hershey Park. There are no additional costs for activities. **On Fri., 6/23/17, I will pick up my child at 1:00pm in the gym. We MUST have adult chaperones with Diocesan clearances to make this Workcamp possible. PREFERANCE WILL BE GIVEN TO THOSE CHILDREN WHOSE PARENT IS VOLUNTEERING TO HELP WITH THIS WAVES OF MERCY WORKCAMP.**

Mary Ellen Reitmeyer's cell phone # in case of an emergency: 575-6894

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including the trip to and from their destination, if provided by a staff member or adult volunteer. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured, in the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I hold the place where the event is conducted, the group sponsoring the event, nor any person or affiliate organization associated with the event, responsible or liable. In case of accident or serious illness, I request the Parish to contact me (or person named below). If the Parish is unable to reach me, I hereby authorize the Parish to make whatever arrangements seem necessary. I authorize EMERGENCY medical treatment to be given to my child.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Do you have hospital insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Company and Policy or Group Number \_\_\_\_\_

If you participate in an HMO, please list the provided and telephone number

Provider \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical or other ailment and/or allergies? \_\_\_\_\_

In Emergency, if I cannot be reached, contact:

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Please check the box below if you would like us to call you to be chaperone /drive for this trip. You must have your Pennsylvania Child abuse Clearance on record with the Diocese of Harrisburg and be in compliance with Diocesan guidelines.

YES

NAME: \_\_\_\_\_

Each chaperone/driver will be assigned students to transport & chaperone each afternoon (except for bus transportation to/from Hershey). You can volunteer for one day, or more. I will need proof of car insurance. If you are not cleared, please let me know and I will help you to get your diocesan clearances.

\_\_\_\_\_ # lap belts w/ shoulder belts (not including the driver)

I am interested in helping with Vacation Bible School \_\_\_\_\_

I can chaperone & drive on:

Monday, June 19th \_\_\_\_\_ (Noon-4:30pm drive & chaperone to service)

Tuesday, June 20th \_\_\_\_\_ (Noon-4:30pm drive & chaperone to service)

Wednesday, June 21st \_\_\_\_\_ (Noon-4:30pm drive & chaperone to service)

Thursday, June 22nd \_\_\_\_\_ (12:30-9:00pm—chaperone Hershey Park)

Friday, June 23rd - PICK UP YOUR CHILD AT 1:00pm IN THE GYM

(We can only accept into this program the number of youth for which we can provide transportation. Please volunteer to help with this program. If necessary, first preference will be given to those youth whose cleared parent is volunteering.)

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the St. Leo the Great Youth Ministry Office and Mary Ellen Reitmeyer. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should notify the office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

\_\_\_\_\_  
Parent's Signature Date

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

YOUTH'S E-MAIL ADDRESS \_\_\_\_\_

Youth will go to Hershey Park \_\_\_\_\_ Youth will not go to Hershey Park \_\_\_\_\_

T-SHIRT SIZE: ADULT SIZE S M L XL

**“Authentic power is service.”**

**~Pope Francis**

**WAVES OF MERCY**