

restored
▶ stories of encounter
YOUTH RALLY

With Eric Groth, founder/executive producer of  odb
FILMS

SUNDAY
3 November 2019
11:30 a.m.-3:00 p.m.

IMMACULATE CONCEPTION PARISH HALL
709 W CEDAR STREET
CHEROKEE, IOWA

ALL area youth
Grades 7-12
are invited to attend.

Noon lunch/food provided/included with event.

Cost: Free will donation

Make checks payable to: Immaculate Conception Parish

Please send completed registration form to:

Immaculate Conception Parish

PO Box 658

Cherokee, IA 51012-0658

Registration Deadline: 3 November 2019, 11:30 a.m.

Questions? Contact: Fr. Mark Stoll, 712-225-4606; iccherokee@gmail.com

Or Laurie Dreier, 712-225-4606; iclaurie@netins.net



Registration & Parental/Guardian
Consent Form and Liability Waiver



YOUTH RALLY

To be filled out by Parent/Guardian:

Participants:

_____	_____	_____	_____	_____
<i>First</i>	<i>Last</i>	Birth date	Grade	Sex
_____	_____	_____	_____	_____
<i>First</i>	<i>Last</i>	Birth date	Grade	Sex
_____	_____	_____	_____	_____
<i>First</i>	<i>Last</i>	Birth date	Grade	Sex
_____	_____	_____	_____	_____
<i>First</i>	<i>Last</i>	Birth date	Grade	Sex
_____	_____	_____	_____	_____
<i>First</i>	<i>Last</i>	Birth date	Grade	Sex

Home address _____
Street City State Zip

Parish _____ Parish City _____

Parent/Guardian's name _____

Home phone _____ Business phone _____ Cell phone _____

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 further 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 _____

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

You should be aware of these special medical conditions of my child[ren]: _____

I, _____ grant permission for my child[ren], _____ to participate in this parish event. This activity will take place under the guidance and direction of Immaculate Conception Parish-Cherokee employees and/or volunteers from Immaculate Conception Parish-Cherokee. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor [s] ("participant [s]").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assignees, to hold harmless and defend Immaculate Conception Parish-Cherokee, its officers, directors, employees and agents, and the Diocese of Sioux City, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parishes, its officers, directors and agents, and the Diocese of Sioux City, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature

Date

_____ I am interested in helping