

# HIGH SCHOOL SUMMER SOFTBALL

for ANYONE that will be in High School this fall and 2014 HS Graduates

**Come join the Youth Ministry  
for fun, fellowship and a friendly game of softball  
with other area Catholic High School teens.**

**Who do we play?** Other Youth Ministries from the Dallas Diocese

**When do we play?** Sunday Evenings—meet in the Youth Room at 6:30p.m., will have a quick bite to eat and we'll be done by 9:30p.m. You do NOT have to be there every week to play on the team.

**What do I need to play?** A glove and a Christian attitude

**What if I don't want to play?** Come out and cheer us on! After the game we get together with the opposing team for ice cream.

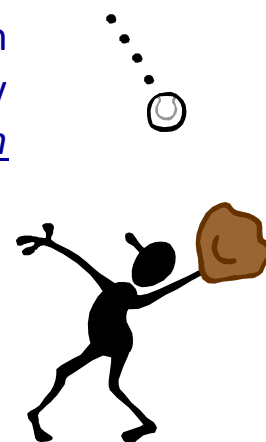
**Does it cost anything?** NO! But if you would like a YM t-shirt to play in they cost \$5

**Do I need a permission form?** Yes! You only need one form for the entire summer and they must be on file before you can play.

**Do my parents have to come?** We do need parents that are safe environment cleared to help getting us to and from our games and it would be great if they would come and cheer us on.

**(Forms due before you can play ~ one permission slip is good for all summer)**

If you have any questions call the Youth Office @ (972) 682-3585



**Keep for future reference.**

## JUST SO YOU KNOW...

*Here's what ALL Participants of "Summer Softball 2014" agree to!*

### **CODE OF CONDUCT for participants:**

1. I agree to treat other participants, leaders, staff, with respect and understand that all adult leaders have the authority to discipline me.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, weapons (including ALL knives), fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are NOT ALLOWED on any part of this activity. (Prescription drugs for minors must be dispensed by adult leader except inhaler.)
4. I understand that I represent SPX YOUTH MINISTRY and agree to behave in a Christian and positive manner at all times. I further agree to dress appropriately during this activity.
5. Sexual indiscretion (includes inappropriate touching) is prohibited at all times and in all cases.
6. No participant is allowed to leave before activity conclusion, without written parent permission.
7. In the event of an emergency or other need to contact any participants, the staff must know where I can be located, therefore I agree to stay in designated areas at all times.
8. I agree to arrive no earlier than 10 minutes prior to scheduled start time of event and be picked up no later than 10 minutes after scheduled event conclusion. By attending this function all participants agree to stay until the function's conclusion, unless they have a medical emergency.
9. I realize that I, and my parents, will be financially responsible for any damage I do to others' property, facilities or vehicles.
10. I understand that if I choose to violate any part of this "code of conduct", I run the risk of having my parents notified by phone, or in person, and asked to pick me up, immediately. (This determination will be left to the *discretion of the event coordinator.*)
11. *Emergency Contact wristbands* must be worn and visible AT ALL TIMES.

### **"Basic" required duties of an Adult Leader:**

- ◇ Must be 21 years or older and have completed "Safe Environment" process and training in their home parish.
- ◇ If driving....Must Complete "Volunteer Driver" form and provide copy of current driver's license and vehicle insurance card to Parish Youth Ministry coordinator
- ◇ Have a vehicle in good working conditions with properly functioning seatbelts, brakes, tires and wiper blades.
- ◇ Help chaperone Youth during the event.
- ◇ I understand my primary function during this event is to ensure the safety and wellbeing of all youth participants in a safe and faith-filled .

**Keep for future reference.**

# HIGH SCHOOL SUMMER SOFTBALL

**YOUTH  
REGISTRATION**

Please return form to St. Pius X Office of Youth Ministry  
***BEFORE YOU CAN PLAY!!!***

For more information contact  
Samantha Patterson—spatterson@spxdallas.org



**PLEASE PRINT—YOUTH INFO**

Last name \_\_\_\_\_ First name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Gender: M or F

Hm. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Youth E-Mail \_\_\_\_\_ Youth Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Current Grade 2013-2014 \_\_\_\_\_

**To be completed by PARENT, GUARDIAN or CONSERVATOR —**

***INITIAL any that apply — \*\*DO NOT INITIAL ALL AREAS AS ONE MAY CANCEL OUT ANOTHER\*\****

\_\_\_\_\_ This child takes no medication and will bring no medication with him/her.

\_\_\_\_\_ This child takes medication/s and will self-medicate. The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to a supervising adult designated to keep medication(s). I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location. Names of medications and exact dosage and frequencies/times are as listed below:

**NOTE:** Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self-administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. **Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.**

\_\_\_\_\_ This child takes medication but is **unable to self-medicate**. *Child's parent/guardian/conservator will provide all medications, for an adult to dispense.*

\_\_\_\_\_ **I grant permission** for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_ Throat Lozenge Yes \_\_\_\_\_ No \_\_\_\_\_  
Decongestant Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_ Antacid Yes \_\_\_\_\_ No \_\_\_\_\_  
Antihistamine Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_  
Other \_\_\_\_\_ Dosage \_\_\_\_\_

**Specific Medical Information:**

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Immunizations: (date of last tetanus/diphtheria immunization) \_\_\_\_\_

Other Medications child currently takes: \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N

If so, date and disease or condition. \_\_\_\_\_

Any other special medical conditions of this youth that we should be aware of?

\_\_\_\_\_ **No medication of any type**, prescription or nonprescription, may be given to this child, unless emergency treatment is required in life-threatening case.

**PLEASE COMPLETE BOTH SIDES OF FORM**



For office use only:

6/8: \_\_\_\_\_ 6/22: \_\_\_\_\_ 6/29: \_\_\_\_\_ 7/6: \_\_\_\_\_ 7/20: \_\_\_\_\_

**PLEASE PRINT** YOUTH "Summer Softball 2014" participant Last Name \_\_\_\_\_, First Name \_\_\_\_\_

**TO BE FILLED OUT BY PARENT, GUARDIAN, CONSERVATOR**

**CONSENT TO PARTICIPATE AND LIABILITY RELEASE**

I, \_\_\_\_\_ the parent/guardian/conservator of \_\_\_\_\_ (child name) grant permission for my son/daughter to participate in all youth activities and functions.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless **St. Pius X Catholic Church** and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during this formation year noted above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

**AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT**

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of children and youth during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. As the State of Texas does not prevent audio or video recording or the photographing of children/youth (with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts), it does encourage parental consent. Additionally, current video recordings and photographs assist law enforcement agencies dealing with the Missing Children's Program.

I consent to the use of such materials in which my child may appear. I release the staff and volunteers of **St. Pius X Catholic Church** and the Roman Catholic Diocese of Dallas from any liability connected with the use of my child's picture or audio/video recording as part of any of the above or similar activities.

**AUTHORIZATION OF CONSENT TO TREAT MINOR**

I, \_\_\_\_\_ am the (initial one) \_\_\_ parent \_\_\_ guardian or \_\_\_ conservator of \_\_\_\_\_ (child name), a minor, and as such do hereby authorize **St. Pius X Catholic Church**, its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish and Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, youth ministry leaders, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

Insurance Carrier: \_\_\_\_\_ \*PLEASE ATTACH A front & back COPY, of Child's Health Ins. card

Policy Number: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

My child and I have read and agree to the "Code of Conduct" (available on the "Holiday in the Park" Informational page)

**PLEASE COMPLETE BOTH SIDES OF FORM**

PRINTED Name of—Parent, Guardian, Conservator \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile Phone Number \_\_\_\_\_

Address (if different than the child's) \_\_\_\_\_

Parent, Guardian, Conservator E-Mail \_\_\_\_\_

Signature of Parent/Guardian/Conservator \_\_\_\_\_

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

PRINTED—Name & Relationship of Secondary Emergency Contact \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_

# HIGH SCHOOL SUMMER SOFTBALL

**Adult  
Volunteer  
Sign-Up**

**PARENTS! We will need your help to get to and from our games!  
Please return form to St. Pius X Office of Youth Ministry  
AS SOON AS POSSIBLE!**

**For more information contact  
Samantha Patterson—spatterson@spxdallas.org**



**PLEASE PRINT - ADULT Sign-up**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F  
Address \_\_\_\_\_ Hm Phone# \_\_\_\_\_ Cell # \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Church \_\_\_\_\_  
Email \_\_\_\_\_

**CONSENT/RELEASE FORM**

I hereby agree to participate in **Summer Softball 2014** with St. Pius X Catholic Church, Dallas, Tx. and other participating parishes. I understand all reasonable precautions will be taken to keep adult and youth participants safe during this event. I will not hold St. Pius X Catholic Church and other participating parishes, the Diocese of Dallas, members of their staff or their volunteers, responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for my care.

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of participants of church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. I consent to the use of such materials in which I may appear. I release the staff and volunteers of the above named entities from any liability connected with the use of my picture or audio/video recording as part of any of the above or similar activities.

**I have read and agree to the “Code of Conduct” (available on the “Summer Softball” Informational page)**

**Adult Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Ins. Co. Name & Phone** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Emergency Contact Name and Number** \_\_\_\_\_

Special health considerations: \_\_\_\_\_

**PARENTS! We will need adults to help by driving your own vehicle, to help transport Young People.**

**Would you be available to help with transportation, if needed? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_  
If “Yes”...how many seatbelts, including driver, does your vehicle have? \_\_\_\_\_ total seatbelts**