

# **St. Cecilia L.I.F.T. Youth Ministry Off-Site General Permission Slip**

## **Participant and Parental/Guardian Information Forms Consent Form and Liability Waiver Payment**

Please photocopy each page of this document for your personal records.

Everything in this packet is considered confidential, and will be relayed only to necessary personnel/staff/administration.

### **ABOUT THESE FORMS:**

*Our #1 priority is ensuring your child's legal, emotional, physical, spiritual, financial, environmental, and mental safety.*

All of the forms which require personal information and/or signatures serve a legal and administrative purpose, functioning to **protect your child**, you, St. Cecilia's, the Diocese of Metuchen, staff/volunteers, and other involved parties.

Other forms are for you to be aware of what is expected for the event.

One must be filled out for each individual event participant.

We ask that they are filled in honestly and legibly. They are considered to be confidential, and will be relayed only to necessary personnel/staff/administration.

**EVENT INFORMATION:**

**Program:** LIFT day at the Willows

**Date(s):** August 22, 2021 (rain date 8/29/21)

**Time:** 5-8pm

**Location/Destination:** Willows Swim Club

**Location/Destination Address:** 22 Sand Hills Road Kendall Park, NJ 08824

**Cost:** \$5 (cash only)

**Permission slips due:** NO LATER than August 20<sup>th</sup>. They can be emailed back or dropped off at the Parish Center. Individuals should let Phil Mandato, the Youth Ministry Director, know about attendance by August 20, 2021 (please fill out the form using the link that is provided on the flier). ONLY the first 35 people to sign up and hand in a COMPLETED permission slip will be permitted to go on this trip.

**Transportation:** Up to participants to coordinate this. Transportation cannot be provided by St. Cecilia Church, its volunteers, or administration.

**Drop-off/Pick-up:** Both drop-off and pick-up are the responsibility of the participants to coordinate with their transportation.

**Itinerary:** 5pm – meet in the pavilion or near pavilion at the swim club. We will make sure everyone checks in and then can go swimming. At 5:45/6pm, there will be pizza and drinks for dinner. Once finished, kids can go back into the water and swim or use the grounds to play basketball, gaga, wall ball, etc. until 7:45pm. At 8pm (please be on time), we ask that ALL PARENTS please come into the swim club to pick up their children. The parking lot can get a little crazy so we don't like the kids waiting out there for rides and this also allows us to make sure everyone is accounted for and picked up.

**Items to bring:** Any items you would need for swimming (bathing suit, towel, etc). The pool club has facilities so kids can change. They also have all items you would need for all recreation activities at the pool. If you choose to bring your own, that is fine too.

**Items provided by PROGAM:** Pizza and drinks

**Supervising Adult(s):** Phil Mandato, Youth Ministry Director at St. Cecilia Church. Other registered volunteers will be determined.

**PARTICIPANT INFORMATION:**

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Last Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

Age of Participant (during time of PROGRAM) \_\_\_\_\_

Birthday \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Home Parish \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

How did you find out about this event? \_\_\_\_\_

Allergies/Health-related dietary restrictions (we will do our best to accommodate these):

\_\_\_\_\_  
\_\_\_\_\_

Prescribed medications for the participant must be handed in a plastic, Ziploc bag to an adult team member upon arrival, with *typed* instructions of dosage and frequency/time. This is for legal purposes. This will remain confidential. In addition to the above, Please list any medications with the proper dosage and frequency/time they must be taken below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION:**

*Please put whoever is the primary contact first. In case of emergency/disturbance, this is the first parent/guardian who will be contacted (at their cell phone number). In case a participant's parent(s) cannot be reached, the emergency contact will be contacted next. Please inform these emergency contacts that they are listed. Your child's safety is of the utmost importance to us.*

Parent/Guardian 1 Name \_\_\_\_\_

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

Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

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

Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact's Relationship to Participant \_\_\_\_\_

Emergency Contact's Primary Phone Number \_\_\_\_\_

Emergency Contact's Secondary Phone Number \_\_\_\_\_

Family Doctor/Pediatrician: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In the event of a medical emergency, which hospital would you like your child to be transported to?

\_\_\_\_\_

**CONSENT/LIABILITY WAIVIERS:**

**The following are for the PROGRAM participant’s Parent/Guardian to sign.**

**General Release/Consent**

I, (name(s) of parent or guardian, printed) \_\_\_\_\_, hereby waive and release The Diocese of Metuchen, New Jersey and any and all of its departments and offices, St. Cecilia Roman Catholic Church, St. Cecilia Roman Catholic Church’s Youth Ministry, (“Releasees”), and any and all of the Releasees’ directors, officers, employees, servants, agents, representatives, and volunteers, of any and all claims of any nature whatsoever, which I may have now or in the future, arising out of, related to, or connected in any way with my child’s participation in the PROGRAM. This waiver and release pertains to, but is not limited to, claims arising out of injuries my child may incur while participating in the PROGRAM or traveling to and from participation in the PROGRAM. As a parent/guardian, I understand it is my responsibility to drop off and pick up my child at the predetermined time. I also understand that if my child becomes ill or destructive, the emergency contact listed above will be called to take my child home if I cannot be contacted. I understand that I will not be refunded. I understand that I am fiscally and legally liable for my child and their actions this weekend. I understand that if my child is destructive, authorities will be contracted in addition to myself. In the event of an emergency, I hereby give permission to St. Cecilia Youth Ministry, its directors and agents, coordinators, representatives, volunteers and employees, and chaperones and representatives associated with the PROGRAM 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 the above emergency contact. I give adult leaders and the youth minister permission to administer medical attention within the realm of their ability in case of an emergency/prescribed need. This includes my child’s prescription medication and any first-aid/CPR administration, as needed, until professional medical assistance is available (in case of an emergency).

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**External to PROGRAM Communications**

As a parent/guardian, I give permission for my child (who is under the age of 18) to be in text/call/email/social media communication with:

- a) Phil Mandato, St. Cecilia Church’s Youth Ministry Director
- b) Adult volunteers, ages 21+
- c) Young adult volunteers, ages 18-20

for purposes of meeting/ministry communication, mentorship, and prayer. I understand that young adults are considered to be between the ages of 18-20 and have completed/are still in high school if they are 18. I understand that individuals (a)-(c) will at times need to reach out to my child to coordinate meetings and relay important information that cannot always be done in person, pre/post PROGRAM. I understand that this includes individuals (a)-(c) following/friending my child on social media platforms and my child participating in social media groups related to the PROGRAM in which they are involved. I understand that these individuals serve as role models for my child, and that they have all the legal and parish/diocesan requirements to serve in this role. I understand that there is a level of confidentiality which must be kept by them, and I understand that if my child is at any point at risk, this confidentiality will be broken and concerns will be discussed with me and any other necessary administrative parties at the parish/legal authorities.

\_\_\_\_\_  
(Signature)

**Pictures**

As a parent/guardian, I give the Youth Ministry Office permission to use my child’s pictures for educational and promotional purposes within the realm of the parish community and on social media platforms, both personal and professional. Personal accounts include the social media accounts of any adult leaders for purposes of sharing with their friends and family the events of this weekend (for example, a group picture at the end of the retreat weekend); professional media includes, for example, website updates or social media group/page updates. I give permission for my child’s name to be used within the realm of the parish. I give permission for my child to consent to being tagged in any images related to the ministry. I recognize that my child can request that their images not be posted, and that the youth minister and adult leaders will comply with their requests. I understand that participation in the off-site event will result in the possibility of images being used for the host organization/individual’s purposes.

\_\_\_\_\_  
(Signature)

**The following is to be signed by the PROGRAM Participant.**

**General Release/Consent**

I hereby waive and release any and all rights and claims for damages which I may have against The Diocese of Metuchen, St. Cecilia Roman Catholic Church, St. Cecilia Youth Ministry, and all of their directors, coordinators, agents, servants, employees, volunteers, for any and all injuries which I may incur while taking part in the PROGRAM, on and off site. This release also encompasses any and all injuries which may be sustained while traveling to and from participation in the PROGRAM. I understand it is the parent/guardian's responsibility to coordinate dropping me off/picking me up at the predetermined time. I understand that if I become ill or destructive, my parent/guardian listed above or the emergency will be called to take me home. I understand that I cannot bring illegal substances to the PROGRAM, and that legal courses of action will be taken if they are found. I understand that I am in a sacred space and must be respectful of the property, individuals, time, and efforts made by all those involved. I understand that I am responsible for myself, and will hold myself to high standards. I understand the role of individuals (a)-(c) mentioned in a previous section of this document. I understand that I have a right not to participate in social media activity, and that I have a right to request my picture not being posted.

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(Signature)

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(Date)

**PAYMENT:**

The cost for the event is \$5. Your money is going towards:

- a) Willows Swim Club entrance fee. No money from this event will be given to St. Cecilia Church.

**\*\*\*Finances should never be a reason someone is unable to participate.\*\*\* If you and your family are unable to pay in part or in full, please do not feel that you are unable to come. We want you here. You are loved and welcomed here, regardless of your financial status.**

The information below is considered incredibly confidential, and will be kept between you and Phil Mandato, the Youth Ministry Director.

If you **are able** to pay in full, check this box:

If you **are unable** to pay, check this box:

If you **are able to pay in part**, check this box:

If you **are able to support another participant (in any dollar amount) attending this event who is unable to pay in full or in part**, check this box:

If you **are able to make a general donation** to St. Cecilia's Youth Ministry, check this box:

Attached in a **sealed envelope, with the participant's name and phone number**, is a:

Cash

Check

for the following amount: \$\_\_\_\_\_

**Please note: keep personal payment separate from other payment. For example, if you are making a general donation, please put it in a separate envelope.**