

Saturday July 17 - Hudson County

Our Lady of Sorrow/ Christ the King , Jersey City
with Bishop Studerus

Saturday July 24 - Essex County

Sacred Heart Church, Bloomfield
with Bishop Cruz

Saturday July 31 - Union County

Immaculate Conception Church, Elizabeth
with Bishop Lorenzo

Saturday August 7 - Bergen County

Mercy House, Hackensack
with Bishop Saporito

Sponsored by the Office for Youth & Young Adult Ministry, "Days in the Diocese" are ONE DAY service immersion experiences where teens from our Archdiocese can perform various forms of service, hands on learning and more all while helping to make a difference in our Archdiocese. This program is meant for HIGH SCHOOL STUDENTS. Registration is by Parish Group (Youth Ministry Program, Confirmation Program, etc) and Adult Leaders must be present with the group.

The Cost for the day is \$20 per person. This covers t-shirt, snacks and supplies to help carry out the cleaning, etc. that will be done at each site.

The Schedule for The Days Will Be

9am - Staggered Arrival at Site
9:30am Gather with the Bishop for Prayer, Blessing & Group Photo
10am Break up into Work Groups by Parish
10am -12:30pm - Work Block
12:30-1pm Lunch Break
1pm -3:45pm Work Block
3:45pm Closing and Wrap Up
4:00pm Staggered Departures

Visit www.newarkoym.com for more information
or to reserve/ register your parish group.

Sites are limited to 40 teens per site!

PARISH _____

Archdiocese of Newark Office for Youth Ministry – Days in the Dio

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'S NAME: _____ BIRTH DATE: _____ Cell Phone # _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ E-mail Address _____

HOME PHONE: _____ EMERGENCY PHONE _____

I, (name of parent or guardian) _____, grant permission for my child (name of child) _____ to participate in the Archdiocese of Newark Youth Ministry Days in the Diocese

Please Circle the Date Child will participate: July 17 July 24 July 31 August 7

For value received, I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, if any claim for my child's personal injury or wrongful death is commenced against the Archdiocese of Newark, Office of Youth and Young Adult Ministry ("OYM"), or the parishes involved in the aforementioned activity(ies), to defend, indemnify, and hold harmless OYM, its officers, directors, and agents, and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" with respect to any and all actions, claims, or demands that may be made or brought against OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", arising from or in connection therewith, and I agree to compensate OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish thereof, and chaperones or representatives associated with the "Program" for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, **sign only those in accordance with your wishes.**

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or 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:

NAME and RELATIONSHIP: _____

Telephone: _(_____)_____

FAMILY DOCTOR: _____

Telephone:_(_____)_____

FAMILY HEALTH PLAN CARRIER: _____

Policy Number: _____

(1) Signature: _____ Date: _____

PLEASE TURN OVER AND COMPLETE BACK OF THIS FORM

Other Medical Treatment: In the event it comes to the attention of OYM, its officers, directors and agents, and the Archdiocese of Newark and all parishes within the archdiocese, and the officers, agents, representatives, volunteers and employees of either the archdiocese or any parish thereof, and chaperones or representatives associated with the "Program", that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called REGARDLESS of the Time, etc.

Signature: _____ **Date:** _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

(3) Signature: _____ **Date:** _____

No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

(4) Signature _____ **Date:** _____

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) Signature: _____ **Date:** _____

Specific Medical Information: OYM, will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Medications child currently takes _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

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

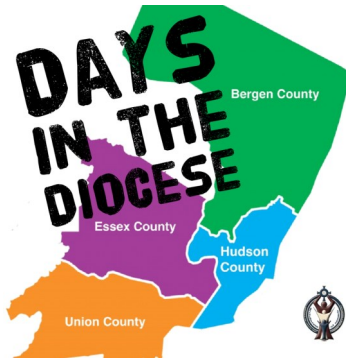
If so, date and disease or condition: _____

You should also be aware of these special medical conditions of my child _____

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the "Program")**

(6) Signature: _____ **Date:** _____

Parent or guardian must sign lines numbered 1 and 6.



Archdiocese of Newark Days in Diocese 2021 Program Photography Consent Form

I, _____ (Parent/Guardian Name), hereby authorize the Archdiocese of Newark, 171 Clifton Avenue, Newark, New Jersey, to be able to use _____'s (Student Name) name and likeness in photographs taken during the Archdiocese of Newark's Office of Youth Ministry's Days in the Diocese July 17, 24th, 31st and August 7th, for use including, but not limited to, the Archdiocese of Newark's Youth Ministry Office's print, video, online and electronic promotional materials.

I hereby release and hold harmless the Archdiocese of Newark from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I acknowledge that since my daughter's/son's participation with this program is voluntary, he/she will receive no financial compensation. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby irrevocably authorize the Archdiocese of Newark to edit, copy, exhibit, publish or distribute this photo for purposes of publicizing the organization's programs or for other related, lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the student's likeness appears.

I hereby release the Archdiocese of Newark, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with participation in this program.

Authorization:

Student's Name: _____

Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ *(if student is under 18 years of age)*

Street Address: _____

City: _____ State: _____ Zip: _____

Tel. # _____ E-mail: _____