

**HOLY FAMILY CATHOLIC CHURCH
DIOCESE OF VICTORIA IN TEXAS
OFFICE OF YOUTH MINISTRY
ADULT/YOUNG ADULT PERMISSION FORM/VEHICLE/MEDICAL RELEASE**

Name _____ Male _____ Female _____ T-shirt size _____

Address _____ City _____

St/Zip _____ Cell Phone (_____) _____ Other: _____

Age _____ Birthdate _____ Parish _____ E-Mail _____

SPOUSE NAME OR EMERGENCY CONTACT PERSON: _____

Address (if different from above) _____

Phone or Cell # (if different from above) (_____) _____

I hereby AGREE to participate in the Youth Ministry program sponsored by the Holy Family Catholic Church Office of Youth Ministry in the Diocese of Victoria. I understand that I will be under the supervision of diocesan and parish personnel. I agree to defend, indemnify and hold harmless Holy Family Catholic Church and the Diocese of Victoria, its' clergy, officers, agents, employees and volunteers from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my participation in these activities.

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, cough syrup, Pepto-Bismol, etc.) and routine non-surgical medical care to be given to if deemed advisable by the supervising diocesan personnel or adult directors. I understand that all meds will need to be kept out of the reach/sight of retreatants. (No meds should be in the possession of a staff with the exception of inhalers or designated medical/first-aid personnel.) In case of an emergency, I also grant permission to be transported to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if necessary.

Family Physician _____ Phone (_____) _____

Address _____

Allergic to: _____ Immunization Shots Updated: _____ Yes _____ No

The following medication will be in my possession (name): _____

This medication is for: _____

Medication that I am allergic to: _____

Any specific medical problems: _____

Any physical limitations: _____

IMPORTANT INFORMATION - PRINT CLEARLY - In an emergency, please contact:

Name: _____ Work phone: (_____) _____ Home Phone: (_____) _____

Name: _____ CELL phone: (_____) _____

Name of Insurance Company: _____ Phone (_____) _____

Address _____ City/St/Zip _____

Name of Insured _____ Policy # _____

Group or Plan # _____

Personal Vehicle Travel Permission And Photo Disclaimer
Permission Form/Medical Release Addendum

I will not hold Holy Family Catholic Church or any of the volunteer or paid drivers or myself responsible for any claims, costs or expenses for property damages, personal injuries or other damages arising out of my travel to events held by Holy Family Catholic Church or the Diocese of Victoria I assume the risk of injury in this event and give up any and all claims for damages I may have against Holy Family Catholic Church, the Diocese of Victoria and/or others associated with this event.

Photo Disclaimer: I hereby give permission for myself to be photographed or videotaped. I realize that the photo may be published in a newsletter or other publications. The video may be used for educational or informational purposes regarding the programs at the Diocese of Victoria.

SIGNATURE _____ DATE _____