

# SEMINARY TRIP PERMISSION SLIP

# APRIL 30, 2017

Catholic Diocese of Trenton



**Department of Youth, Marriage, & Family Life**  
701 Lawrenceville Road; P.O. Box 5147, Trenton, NJ 08638  
609.406.7440 | 609.406.7403 [fax]  
www.dotyouth.org | rgomez@dioceseoftrenton.org | fkouko@dioceseoftrenton.org

## Diocesan Youth Ministry Consent and Release Form

### Event Information

Event: Seminary Afternoon

Date/Time: 4/30/17 3:00 p.m. Location: St. Charles Borromeo Seminary  
100 E. Wynnewood Rd. Wynnewood, PA  
19096

### Participant Information

Name: \_\_\_\_\_ Parish/Ministry: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (at start of event): \_\_\_\_\_ Gender: \_\_\_\_\_ H.S. Grad Year: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Compliance for Adults/Team Leaders over age 18 (copies must be submitted): \_\_\_\_\_ Background Check \_\_\_\_\_ Virtus \_\_\_\_\_

### Consent and Release Information

*[Please read the following very carefully]*

**General:** By signing this waiver form, I acknowledge that I/my child am/is physically and mentally able to participate in youth ministry activities. I acknowledge that there are certain risks involved in said activities. I release The Diocese of Trenton, its affiliates, volunteers, and employees of all responsibilities for any injuries, to body or property, which may occur to me during the course of these activities. In the event of an emergency in which I, or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for me, and to administer first aid if deemed necessary. I further agree to indemnify and hold harmless The Diocese of Trenton and its affiliates, volunteers, and employees of any and all claims arising from the participation in activities or as a result of injury or illness during such activities. I have read the Waiver Form and I am fully aware of its contents.

**Publicity:** On occasion, The Diocese of Trenton takes photographs or makes an audio or video recording of children and/or adults involved in parish/school/youth activities. I consent to the use of any such photographs, or audio or video recordings of the individual named above to be used, distributed or displayed as agents of the Diocese of Trenton see fit (ex: Diocesan websites; Facebook; YouTube; Diocesan blog; the Monitor, etc.).

**Transportation:** I hereby grant the Diocese of Trenton and its agents to transport my child during the aforementioned event. Transportation to and from said event is to be decided between myself and the Youth Ministry program to which my child belongs. I understand that this event/activity/retreat may take place outside of my parish and that it is under the direction and guidance of the Diocese of Trenton along with supervision of other volunteers/employees. I agree that in consideration of our child being permitted to join said event/activity/retreat, we hold each harmless and indemnify the Parish and DOT and their agents against any and all forms of claims for injury to our child involving said event/activity/retreat.

### Signatures

*[Parent/Guardian Signature is not required for young adults age 18 and over]*

Participant- Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian-Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

*[The Emergency Contact/Medical Release Form on pg. 2 must also be completed]*

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**Diocesan Youth Ministry Emergency Contact & Medical Release Form**

***Participant Information***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

***Primary Emergency Contact Information***

*[Please fill this section out entirely]*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

***Secondary Emergency Contact Information***

*[Please fill this section out entirely]*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_

***Medical Information***

*[Please provide your Health Insurance Information even if no medical conditions exist]*

Health Insurance Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check all that apply:  Epileptic  Asthmatic  Diabetic  No Medical Condition

Allergies: \_\_\_\_\_

Psychological Condition (i.e: depression, bipolar disorder, etc): \_\_\_\_\_

Heart Condition: \_\_\_\_\_

Currently taking Medication: \_\_\_\_\_

Other/Details: \_\_\_\_\_

***Other Needs***

*[Please indicate if there is any other important information, including, but not limited to, dietary needs]*

\_\_\_\_\_

\_\_\_\_\_

***Signatures***

*[Parent/Guardian Signature is not required for young adults age 18 and over]*

Participant- Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian-Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

*[The Consent and Release Form on pg. 1 must also be completed]*