

All Souls Youth Ministry

www.allsoulsyouthgroup.org
4950 S. Logan St.
Englewood, CO 80113
720.833.2771



SPECIAL EVENT AUTHORIZATION & REGISTRATION FORM

All Souls' youth program is planning an activity away from the parish property. We welcome your teen(s) to participate in this event, but first you must review and sign this authorization.

***** Please submit payment and registration by: Sunday, October 18th, 2009 ***
*Maximum number of participants will be determined by availability of carpool drivers.***

Activity: May Farms Field Trip

Date: Friday, October 23rd, 2009

Drop off: 4:15 p.m.

Start/End Location: All Souls Youth House

Pick up: 8:30 p.m.

Event Location: 64001 East Highway 36, Byers, CO

Cost: \$20 *CASH ONLY* (includes entrance, hot dog or bowl of chili, & transportation/chaperone fee)

Transportation: **Personal Vehicles of Event Supervisors**

Supervisor(s): **Haley Timmons, Archdiocesan Youth Ministers, Adult Volunteers**

Teen's Name: _____ DOB: _____ Grade: _____

Teen Cell: _____ Text msgs ok? Parent(s) Name(s): _____

Home Address: _____ Zip: _____

Phone: Home _____ Work _____ Cell _____

Parent Email: _____ Teen Email: _____

Emergency Contact Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Insurance Co: _____ Group/Policy # _____

List any health concerns, allergies, physical limitations, or medications:

I understand and acknowledge that participation in this event involves inherent risk of injury to my child, including risks associated with transportation by motor vehicle. I acknowledge that this vehicle may be operated by a volunteer driver.

I authorize the Designated Supervisor(s) of this event to authorize and consent to any medical care for my child that he or she believes necessary, including, but not limited to, hospitalization or surgery. I agree to pay any expenses related to such medical care. I understand and acknowledge that the Designated Supervisor(s) of the event will attempt to obtain my permission by phone before authorizing or consenting to any medical care for my child if time and conditions permit. I understand and acknowledge that any medical expenses related to illness or injury to my child while on this event are not covered by any insurance program maintained by the Archdiocese of Denver, and that I am primarily responsible for such expenses.

As a parent or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above named parish, its officers, directors and agents, and the Archdiocese of Denver, chaperones, or representatives associated with the event arising from or in connection with my child attending the event or in the parish, its officers, directors and agents, and the Archdiocese of Denver, chaperones, or representatives associated with the event for reasonable attorneys fees and expenses arising in connection therewith.

I hereby consent to my son or daughter's participation in this event. I have carefully read this Special Event Authorization, and I understand and agree to each of the covenants and conditions set forth above.

Date

Parent/Guardian Signature