

Winter Blast 2018 PERMISSION FORM

Student/Participant Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

Date of Event: December 14/15, 2018, 6:30pm-6:00am Type of Field Trip Jr. High Lock In Cost \$ 40

Destination Maple Grove Community Center, Maple Grove, MN, St. Vincent DePaul Catholic Church, Brooklyn Park

Individual(s)/Teacher(s) in Charge Bryan Collins; Church of Saint Patrick

Estimated Time of Departure 6:30 PM Return 6:00 AM

Mode of Transportation To & From Event/Field Trip: Bus

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name Relationship Phone Number

HEALTH INFORMATION:

Medication my child is taking at present _____ For
headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, GIVE PERMISSION FOR _____
Parent or Guardian Name Child Name

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish, participating parishes and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/Winterblast Parishes /Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish, and Archdiocese in defense of such a claim/lawsuit.

Use of Image: I grant permission to **Church of Saint Patrick** to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, picture, reproductions, made through any medium, including electronic media and the undersigned parent/guardian does hereby release Church of Saint Patrick and all churches participating with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use and is consistent with the acceptable use policy for electronic communications and other policies.

Electronic Communication: I authorize staff or other leaders of **Church of Saint Patrick** and parish leaders to communicate with my child electronically, including via social media in accordance with the Acceptable Use Policy for Electronic Communication.

As a Parent or Guardian, I agree to all of the above stated considerations and conditions.

Parent/Guardian Signature _____ Date _____

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 that are applicable.)*

Medical Treatment: In the event it comes to the attention of **the church of Saint Patrick**, its officers, directors and agents, Winterblast participating parishes, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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 indicated on attached Prescription Drug & Medical Authorization Form.

Signature: _____ Date: _____

Please select only one of the following two options:

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.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Participating Churches and **Church of Saint Patrick** 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: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____ You

should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing
The Church of Saint Patrick at Winterblast 2018

In this event sponsored by: and The Church of Saint Patrick and all the Winterblast Parish Participants
On Friday, December 14/15, 2018. *Please read and sign.*

I, _____, WILL:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, **the Church of Saint Patrick** can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date



Middle School all
night lock in



Dec 14/15



Winterblast is a lock in for grades 6-8 that starts with Mass @ St. Vincent de Paul and continues all night at the Maple Grove Community Center. It includes swimming, ice skating, arcade, movies, dance, pizza, inflatable games, maple maze, hair salon, prayer experience rooms, sports, crafts and more. Winterblast is a partnership of over 20 Catholic parishes in the Archdiocese.



FORMS DUE: Monday, Nov 12th (\$25 late fee)



Parents:

We will need at least 1 adult chaperone for every 8 youth from our parish. Please consider being an adult leader for this event. If you have questions, or want to split the evening with someone else as a leader, please feel free to contact me. If we do not find the appropriate number of chaperones, the event will be cancelled.

Please Circle one of the following options:

Yes: I am able to be an adult leader at Winterblast 2018

No: Sorry I am unable to be an adult leader this time.

Maybe: I'd like to know more!

Volunteer Name: _____ *Phone:* _____

Email: _____

Winterblast

**/Mass//Crafts/
/Candy//Ice skating/
/Swimming*/
/Pizza and pop/
/Prizes//Adoration/
/Arcade//Dance/
/Inflatable games/
/Crazy hair salon/
/Prayer room/
/Open gym//Fun/**

Friday-Saturday, December 14/15, 2018

Leave St. Patrick's Parking Lot 6:30 pm
Return around 6:00 am

All 6-8th graders welcome. Bring a friend!

\$40 includes bus, food and all activities.

(Optional: bring quarters for arcade.)

Registration due by Monday, Nov 12th

All late forms will be charged a \$25 late fee!

Bryan Collins

651-621-1562 or bcollins@churchofstpatrick.com

*Ladies: please wear a one-piece bathing suit or tank-top that covers your midriff. Everyone: please wear casual, modest clothing.