



Homeless Awareness Night Consent Form Jan 28th

St. Joseph's Youth Ministry



Participant's name _____		Grade: _____	Age: _____	Sex: _____
Birthdate: _____		Parish: _____		
Parent/Guardian Name _____				
Street Address/City/State/Zip _____				
Phone (home) _____		(work) _____	(cell) _____	
Email: _____				

I hereby give permission for my son/daughter _____ to participate in Homeless Awareness Night on Jan 28th. I am aware this event includes transportation to Middletown for events with other participating churches which will be followed by sleeping outside at the Chester Congregational Church with other local youth.

I will ensure that my son/daughter dresses appropriately for spending the night outside (ie winter coat, gloves, hat, etc), brings their own sleeping bag rated to 30 degrees F, a plastic tarp for the ground, a plastic tarp for the top of the box, and a card board box to sleep in. I have also remind them to follow all rules and safety regulations that will be presented prior to the start of the event and that if during the course of the evening they start to feel cold they should notify a chaperone immediately so they can sleep inside the Church.

While youth are responsible for their own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assigns to hold harmless and defend the Roman Catholic Diocese of Norwich, St. Joseph's Parish, and their officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith. I agree to compensate the above entities for reasonable attorney fees and expenses arising in connection therewith.

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. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. By participation in Youth Group events, the participants voluntarily assumes all risks and dangers incidental to the events and activities for which they participate, whether occurring prior to, during or after same, and agrees that the Diocese of Norwich, St. Joseph Parish, and its agents, staff and volunteers are not responsible or liable for injuries or damage suffered by the bearer resulting from or arising out of such activities; and consents to a reasonable search of carry-in items and/or his or her person for security reasons, if deemed necessary by the Youth Group Chaperons or law enforcement agencies. Failure to comply with the above conditions may result in non-admission to Youth Group events.

<input type="checkbox"/> Check here is medical information is same as on the youth group registration form.	
Emergency contact person: Name _____ relationship _____ phone _____	
Doctor: Name _____ (phone) _____	
Insurance: Company _____	Employer _____ Group # _____
Subscriber name _____ Subscriber # _____	
Date of last tetanus shot: _____ Allergies: (medication, foods, etc) _____	
Medications currently taking that may affect treatment: (name/dosage) _____	
You should also be aware of these special medical /physical/ mental conditions of my child: special diet (I agree that the Youth Group cannot be responsible for any special dietary needs that my child may have), nose bleeds, recent injuries, exposure to contagious diseases, etc.): _____	

Parent/Guardian Signature _____ Date _____

Youth Participant Signature _____ Date _____