SIGN-UP Forms For:

- CYO Convention April 7-8 in Salina $90

(and/or)

- Prayer & Action June 24-29 in Plainville $70

High Schoolers may use the attached forms to sign up for ONE or BOTH events. If attending BOTH events, only one set of forms and one check is needed. ***DEADLINE: Feb. 25!***

Salina Diocese Annual CYO (Catholic Youth Organization) Convention April 7-8 in Salina

Saturday, April 7:

- 8:15 a.m. Depart from STM front parking lot
- 10:00 Opening session, Diocesan Youth Council presentations, keynote speaker, fun activities
- 12:00 Lunch (provided)
- 1:00 Sessions continue, Adoration & Confession available
- 5:00 Check into hotel rooms, freshen up
- 6:00 Dinner as a group (bring $10)
- 8:00 DANCE & social time! This is FUN!
- 11:00 Closing prayer
- 12:00 Lights out at hotel

Sunday, April 8:

- Continental breakfast at hotel
- 9:00 Sessions continue
- 12:00 Lunch (provided)
- 1:15 Mass
- 4:00 Back at STM front parking lot

Cost: $90, includes motel room and all meals but one (Saturday night). Make check payable to: STM YM
Please come with us, this is a FUN convention with hundreds of high schoolers from our entire Diocese!

Prayer & Action Summer Mission June 24-29 in Plainville

Sunday, June 24:

- 2:00 Depart from STM front parking lot for Plainville
- 5:30 Opening meeting, meet the P&A leaders and participants from other towns
- 6:00 Dinner (provided)
- 7:00 Group time, form work crews, prepare for the week, GIVE CELL PHONE TO RICK FOR WEEK!
- 11:00 Night prayer, lights out (sleep on the floor of a parish hall, guys & gals in separate rooms)

Monday, June 25:

- 7:00 Rosary, Mass, and Silent Reflection Time
- 8:00 Breakfast, pack sack lunch
- 9:00 Head to work sites, usually house painting or yardwork for elderly homeowner
- 4:00 Showers (guys & gals & adult leaders separate)
- 5:00 Dinner - we prepare it, we clean it up!
- 6:00 Evening activities, games, speakers, group time
- 11:00 Night prayer, lights out

Tuesday/Wednesday/Thursday/Friday: Similar to Monday's schedule, back to STM by 3:00 Friday
Cost: $70, includes all meals but one (Friday lunch). Make check payable to: STM YM
Please come with us, this is an AMAZING week to grow & make friends while loving and serving others.

Questions? Contact Rick Smith at 776.5151 or youthmin@stmmanhattan.com

Official legal form for the Diocese of Salina **FORM B**

Date _____

MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese Salina Parish St. Thomas More School n/a

Participant's Name _____

Date of Birth _____ Place of Birth _____

PLEASE PRINT OR TYPE

Participant's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

Medical Conditions:

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): _____

_____

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: _____

Fainting spells: _____

Allergies: _____

Ear infections: _____

Seizures: _____

Heart condition: _____

Headaches: _____

OTHER: _____

List any allergies or allergic reactions to medications of the participant: _____

_____

Other pertinent medical information: _____

_____

Date of Participant's last immunizations: MMR_____TB _____ TETANUS _____

Special dietary needs/restrictions: _____

(over)

Medications:

Prescribed medication now being taken:

Type: _____ Dosage: _____ How often: _____

Activities individual should not participate in: _____

_____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency Contacts:

Parent or Guardian

Name (first, middle, last): _____

Daytime Phone (including area code): _____ Evening Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc): _____

Official legal form for the Diocese of Salina **FORM C**

Date _____

PARENTAL GUARDIAN MEDICAL CONSENT FORM AND LIABILITY WAIVER

This form is to be used for any parish, Catholic school, or diocesan field trips.

Diocese Salina Parish St. Thomas More School n/a

Destination CYO April 7-8 OR Prayer & Action June 24-29

Name of Participant (minor): _____

Home address:_____

Cell Number _____ Home Phone Number _____ Business Number _____

MEDICAL MATTERS:

The Parish/School/Organization will take all reasonable and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by an insurance program maintained by the Parish/School/Organization or the Diocese of Salina, and that I/we am/are responsible for such expenses.

I/We understand that first aid will be available on the above mentioned trip. I/We further understand that should an accident, injury, or illness occur, medical and/or hospital care will be obtained. I/We realize the sponsors will make a reasonable effort to notify me/us in case of accident, injury, or illness; however, should they be unable to contact me/us, they have my/our permission to pursue a course of medical action which is in the best interest of the child.

I/We understand that a reasonable effort will be made to promptly notify me/us in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, in the event I/we cannot be reached, I/we hereby give permission to the physician or health care provider selected by the adult staff to hospitalize, secure proper treatment for, and order whatever injection, anesthesia, or surgery said physician or health care provider deems necessary for the child.

A doctor, clinic, hospital, or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize.

I further understand that I will be responsible for all medical, surgical, and transportation costs which may be incurred.

_____

Signature: _____ Date _____
Parent Or Guardian

Signature: _____ Date _____
Parent Or Guardian

(over)

INSURANCE INFORMATION:

Insurance Company **_____ Policy No. _____

Policy Holder _____ Date of Birth _____ Occupation _____

Employer _____ Address _____

Employer's phone # _____

** If Blue Cross/Blue Shield Insurance please state if it is Blue Choice, Blue Select, etc.

Official legal form for the Diocese of Salina **FORM D**

PARENTAL/LEGAL GUARDIAN PERMISSION SLIP FOR FIELD TRIP PARTICIPATION

Diocese Salina Parish St. Thomas More School n/a

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in a St. Thomas More Youth Ministry-sponsored activity that requires transportation away from the St. Thomas More Parish site. This activity will take place under the guidance and supervision of employees from St. Thomas More Parish & Salina Diocese. A brief description of the activity follows:

Curriculum Goal to love, serve, and grow in faith

Destination CYO Convention April 7-8 OR Prayer & Action June 24-29

Designated Supervisor of Activity Rick Smith, Youth Minister, St. Thomas More Parish

Date and Time of Departure April 7, 8:15 a.m. OR June 24, 2:00 p.m.

Date and Anticipated Time of Return April 8, 4:30 p.m. OR June 29, 3:00 p.m.

Method of Transportation adult sponsor vehicles

Youth Cost $90 payable to STM YM OR $70 payable to STM YM

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability.

PARENTAL OR GUARDIAN PERMISSION FORM

Name: _____
has my permission to attend the CYO Convention OR Prayer & Action Summer Mission
on April 7-8 OR June 24-29 in Salina OR Plainville. It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries, but neither those in charge nor those bringing groups shall be held responsible in case of accident or injury. I also understand that if my child violates any of the Rules of Conduct, a copy of which is attached hereto, I/we will be called to pick up the child. As parent, or legal guardian, I/we remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child.

I/We hereby consent to participation by my/our child, _____, in the event described above. I/We understand that this event will take place away from the St. Thomas More Parish and that the child will be under the supervision of the designated diocesan/school/parish employee on the stated dates. I/We further consent to the conditions stated above on the participation in this event, including the method of transportation.

(over)

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Thomas More Parish *(name of parish)*, its officers, directors, employees and agents, and the Diocese of Salina, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Salina, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

_____	_____
Parent/Legal Guardian Signature	Parent/Legal Guardian Signature
_____	_____
Address	Address
_____	_____
Emergency Telephone Number	Emergency Telephone Number

Please return this entire form by: February 25, 2018

ROMAN CATHOLIC DIOCESE OF SALINA
AUTHORIZATION TO RELEASE AND/OR RECEIVE CONFIDENTIAL INFORMATION

PATIENT NAME	BIRTH DATE

CHECK ONE:

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY HEALTH CARE PROVIDER THAT HAS PROVIDED TREATMENT TO DISCLOSE PROTECTED HEALTH INFORMATION CONCERNING THE ABOVE-NAMED PATIENT TO:

Catholic Chancery Office
103 N. 9th Street, P.O. Box 980
Salina, Kansas 67402-0980

For Treatment date(s): April 7-8 OR June 24-29

Specify date(s) - this line MUST BE completed

For the following purpose(s): X At the request of the patient

If the request is initiated by the patient (Or patient representative), insert "at the request of patient;" otherwise, describe purpose of use or disclosure. If the purpose relates to marketing, indicate whether Provider will receive remuneration.

CHECK TYPE OF INFORMATION AUTHORIZED TO BE USED AND/OR DISCLOSED
(Unless the appropriate box is checked, Provider will not disclose records contained in its medical records prepared by health care providers not affiliated with Provides unless records were prepared on behalf of Provider

G	Entire Record (will not include Billing Records or records not prepared by or on behalf of Provider unless those items also are selected)
G	Records not prepared by or on behalf of Provider. Provider cannot be responsible for the completeness or accuracy of such records.
G	Other All records necessary

_____ _____
Date *Signature of Authorized Agent/Representative (Parent)*

_____ _____
Printed Name of Authorized Agent/Representative (Parent) *Relationship of Authorized Agent/Representative*

_____ _____
Address of Authorized Agent/Representative *Telephone # of Authorized Agent/Representative*

_____ _____
Date *Signature of Witness*

ORIGINAL - Privacy Officer COPY - Patient Medical Record

For Office Use Only: For each disclosure made pursuant to this authorization, list the name of the person/entity to whom the disclosure was made; a description of the disclosed; the date on which the disclosure was made; any fees charged in connection with the disclosure; and the name of the person making the disclosure.

PRAYER IN ACTION

Photo Waiver

The Prayer in Action - Summer Mission Program will be taking pictures during the Summer Mission weeks for possible use as promotional material in the future. Please fill in and sign the waiver below.

Photos that are taken of _____during the Summer Mission Program may be used to promote and advertize the value of volunteering and participating in **Prayer in Action - Summer Mission Program.**

_____ _____

Parent Date

_____ _____

Volunteer Date