

Middle School Bowling at Mt. Airy Bowling, Friday, March 1, 2019
St. Michael Permission and Release Form

(Please return this form with a check for \$13 made out to St. Michael Church. Due by Tuesday, Feb 26.)

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| Youth Name: | Home Phone #: Please provide numbers useful <u>during</u> this event. |
| Parent(s) Name: | Work Phone #: Cell Phone # Name |
| Address: | Work # Cell Phone # Name |
| City/State/Zip: | Email addresses (parent especially) |
| Youth's Date of Birth: / / | Youth's Gender: (circle one) male female |

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to participate with the youth ministry group of St. Michael Parish at:

March 1, 7PM drop-off at Mt. Airy Bowling
Address: 304 Center Street / Mt. Airy, MD 21771
8:00 PM pick-up at Mt. Airy Bowling

I/we acknowledge receipt of the attached information sheet describing the planned activities.

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RELEASE, HOLD HARMLESS AND INDEMNIFY St. Michael Parish, Howard County Youth Ministry, the Division of Youth and Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following)

I am covered by hospitalization and medical insurance under policy # _____

issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply)

Tylenol / Acetaminophen Benadryl Diphenhydramine Advil / Ibuprofen Imodium / Antidiarrheal
 Neosporin / Antibiotic Ointment Pepto Bismol

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

Add any other medical information concerning medications, allergies, illnesses, etc.: _____

 _____ (See reverse side.)

Add any dietary restrictions*: _____

*Please note that a slice of pizza is included as part of the party package at Mt. Airy Bowling.

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent / Guardian _____ Date _____

Name (printed) of Parent / Guardian _____

Signature of Parent / Guardian _____ Date _____

Name (printed) of Parent / Guardian _____

Parents who are Virtus-ready are welcome to join us! Please indicate your willingness to help:
I am available to chaperone _____. I would like to bowl! (Yes / No) I am Virtus trained (Yes / No).
Sally Amatucci can help get you Virtus-ready samatucci@smpschurch.org.

**Information Sheet for Middle School Bowling night
March 1, 2019
at Mt. Airy Bowling**

Activity:

Bowling

@ Mt. Airy Bowling, 304 Center Street / Mt. Airy, MD 21771

Transportation:

Middle schoolers should be dropped off inside the bowling alley. Please check in your child with Juliana.

Deadline to join us:

Permission slip and check made out to St. Michael are due no later than Tuesday, **Feb 26.**

We have to make reservations with the bowling alley and be sure that we have enough chaperones for the event. Please help us plan ahead.

Cost:

\$13 made out to St. Michael's
Includes 1 slice of pizza, 1 soft drink, shoe rental, and an hour of play.

Questions about the event? Contact Juliana Weber jweber@smpschurch.org.

Emergency contact – Juliana (cell) 716-307-2963