



DESTINATION UNKNOWN

Top Secret location will be revealed upon departure to participants

All High School Invited

Saturday, Feb. 17, 2018 through Sunday, Feb. 18, 2018

(Need 30 registered HS Teens to make this event happen)

Parental/Guardian Consent Form and Liability Waiver

Deadline for Registration and Payment is: Wednesday, January 31, 2018

No refunds after January 31, 2018

Payment can be made using VANCO link on Religious Education web page:
www.stpeterchanel.org/psr/home or by check make out to St. Peter Chanel

Name of Participant: _____ Grade: _____

Female: ___ Male: ___ Date of Birth: _____ Age: ___ Participants Cell #: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Work #: _____ Cell #: _____

Email Address: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place starting at St. Peter Chanel, Roswell GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Destination of Event: Top Secret location will be revealed upon departure

Individual in Charge: Ashley Dean

Cost: \$115 (Includes 3 meals and Bus Transportation)

Date/Time of Event: Saturday, Feb. 17, 12:00 AM (Midnight) through Sunday, Feb. 18, 6:00 AM

Items to bring: Additional \$20 for snack. A list will be provided on additional items to bring closer to date of event.

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

- I DO / I DO NOT (circle one) grant permission for publication of group (two or more persons) photo taken at youth events.
- I have read and understand the [PSR Policy for Communication with Minors](#) (view on website).
- I have submitted a [Parental Consent Form for Communication with Minors](#) for PSR Staff to contact my teen (view on website).
- I have already completed a Parental Consent Form for Communication with Minors for 2017-2018 for PSR staff.
- I have already completed a Medical Release Form for 2017-2018 for PSR staff.
- I am aware of the refund information at the top of this form.
- I can chaperone. Best number to contact me: _____

Signature of Parent / Guardian _____ Date _____

Faxes or Scanned copies of this form cannot be accepted

PARENTAL / GUARDIAN CONSENT FORM
For
PSR Staff Communication with Minors 2017 - 2018

Dear Parents,

We place great importance on effective, timely, and most importantly, safe and secure communication regarding programs and events conducted and supervised by the Parish School Religion (PSR). In order to ensure proper use of electronic communication in relation to our minors, the PSR department requires parental consent to communicate with your minor through phone, email, and social media sites. We ask that you take a moment to review the following policy points, complete, sign, and return this original copy to us. Our entire protocol for communication with minors can be found in the Religious Education section of our website (www.stpeterchanel.org).

St. Peter Chanel PSR Staff will communicate all information regarding our programs and events for high school youth through the family contact information (primary phone number; family email) that is on file with the parish. In addition, with written permission from parents / guardians, we will contact high school minors using their personal contact information. This is entirely optional and this communication will duplicate what has already been sent to the parents / guardians.

Below is a summary for PSR Staff Communications using the minor's contact information for our regular and/or weekly programs and events:

- Without written consent from the parent/guardian, no phone, email, or social media communication will be made directly to the minor's contact information.
- When written permission is granted, any communication that is sent to the minor's contact information will also be sent to the parent. This is Archdiocesan policy.
- Without written permission, no PSR staff member will respond to or acknowledge any email from the minor's contact information, except for emergency situations (i.e. fire, weather, intruder, etc.).
- The PSR staff will not invite or accept any requests from the minor to be included in their private social networking sites other than the official, public networking sites that are administered by approved staff.
- This permission may be revoked by the parent at any time and is to be renewed yearly. It extends only to the PSR staff and programs and events directly attributed to PSR. It does not extend to PSR volunteers or other ministries who utilize 9th – 12th graders for service.

I/We hereby grant permission for the 2017-2018 year for St. Peter Chanel PSR Staff to contact my child through the following:

- Teen Home Phone _____ Teen Cell Phone _____
- Teen Email _____
- SPC Catechist Blogs
- SPC Public Social Media Accounts (including but not limited to Facebook, Twitter, Instagram, etc.)

Name of Parent/Guardian

Name of Minor

Email of Parent/Guardian

Signature of Parent/Guardian

Date

March 2017

2017-2018 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: _____ Date of Birth: _____

Name of Minor: _____ Date of Birth: _____

Name of Minor: _____ Date of Birth: _____

Name of Minor: _____ Date of Birth: _____

Address: _____

Home Phone #: _____

Father/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

_____ Phone #: _____

Mother/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

_____ Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone #: _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address of Insurance Company: _____

_____ Phone #: _____

Special consideration to be aware of (i.e. allergies, medical conditions, etc.): _____

Medication (and dosage) my child is currently taking: _____

Parent please print name:

Parent Signature: _____

Date: _____