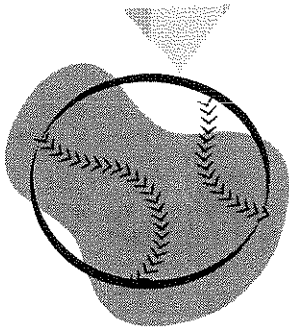


**GO ASTROS!**

# St. Iggy's High School Youth



Monday, July 20

Astros vs. St. Louis  
Cardinal

\$25 (includes  
transportation, and tickets)  
We will be taking a bus to  
the game.

**This event is being co-  
sponsored by the Office  
of Youth Ministry and  
LIFE TEEN, Inc.**

Come with St. Ignatius as we enjoy a night out at the Astros. There will be youth there from all over the Houston area for Archdiocesan Youth Night at the Astros. Let's go have some peanuts and cracker jacks.

**Meet at St. Ignatius at 5:00pm.**

The game starts at 7:05pm and we will be home around 11:30 PM. **Parental**

**Consent and Medical release**  
**plus your money must be in by July**

**15, 8:30 PM.** We will be sitting in the mezzanine section as a group.

Call Brian or Jenny for more information.

Wear a St. Ignatius Youth shirt. If you do not have one come to the office and buy a past shirt for \$5.

**PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_  Cell Phone or  Work  
 Parish or Catholic School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Participant's Email Address \_\_\_\_\_

**CONSENT & LIABILITY WAIVER**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
 If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name),  
 \_\_\_\_\_ to participate in (event) \_\_\_\_\_ to be  
 held (date) \_\_\_\_\_, (time) \_\_\_\_\_ at (location) \_\_\_\_\_.

I agree on behalf of myself, my child's other parent if known or living (name of parent), \_\_\_\_\_, my child  
 named herein, or our heirs, successors, and assigns and defend the Archdiocese of Galveston-Houston, the sponsoring parish (its  
 pastor, youth ministry leader, principal, other agents, etc.) or any representatives associated with the scheduled activity unless the  
 parties involved were careless and negligent.

*In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.*

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules established for this event/activity  
 (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that  
 there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) \_\_\_\_\_ Date \_\_\_\_\_

**VIDEO/PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give  
 permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video  
 etc.) in highlighting the event.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Medical Matters**

I hereby warrant 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 in accordance with your wishes:

**Emergency Medical Treatment**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Medications**

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

**Medical Conditions Information:** (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode the following or has been diagnosed:  Seizures  Asthma  Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_
- Has had a medical surgery within the last six months?  Yes  No Still under doctor's care?  Yes  No
- Has a medically prescribed diet? \_\_\_\_\_
- The following physical limitations? \_\_\_\_\_
- Immunizations current and up to date:  Yes  No Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): \_\_\_\_\_

**Insurance Information:**  No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. \_\_\_\_\_ Date \_\_\_\_\_

Signature (Participant 18 years of age or older must sign own consent) \_\_\_\_\_ Date \_\_\_\_\_