

# Back to Heartland High School Gathering

## January 15-16, 2012

### Noon Sunday to 11:00 a.m. Monday

(Registration begins at 11:30 a.m. Sunday)

### Galion, St. Joseph - 115 N. Liberty St.

**Cost: \$15.00** if PREPAID by January 10 + cereal to share **\$20.00** at the door



**Please bring** your overnight needs (sleeping bag, pillow, etc.) and a **box of cereal** to share **and** any or all of the **following items** for the service project: tissue, towels, washcloths, deodorant, shampoo, lotion, soap, toothbrush, toothpaste, comb, disposable razors, socks, wallet, nonperishable snacks, etc

If youth are in attendance at any Diocesan/Regional Gathering or Event, an Adult Parish Representative **MUST** be present. All participants are expected to stay for the entire duration of the Gathering. Participants are excused only with written permission from parents/guardian or Youth Minister. The Adult Chaperone **MUST** carry Medical Release forms and Permission slips with them at each event.

**Bring a friend or two, or three.**

**A gathering of High School youth who come together to share our Faith. The day will include games, workshops, food, prayer, dancing and friends. Be sure to check out [www.backtoheartland.com](http://www.backtoheartland.com)**

#### Information/permission/liability Release

Date: \_\_\_\_\_

#### **By completing this form my child has permission to attend the above event.**

I understand that by my child's participation in Parish and Diocesan youth activities his/her picture could be taken and used in press releases, brochures, video, CD/DVDs, websites, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at anytime by submitting a written request. This agreement does not obligate the use of your child's picture. If participant is under 18 year old, this must be signed by parent or guardian.

#### **I grant permission**

#### **I do NOT grant permission**

I voluntarily and knowingly accept and assume the known risks involved in the program for myself and my child, in consideration for \_\_\_\_\_ Parish/Back to Heartland allowing us to participate in the program. I hereby fully release of myself, heirs, executors, administrators, and assigns, I hereby fully release and forever discharge the parties named above, along with heirs, officers, agents, employees, independent contractors and volunteers from any and all liability, damages, costs and expenses arising out of our relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.. I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby assume full responsibility. This release is knowingly and voluntarily signed with the intent to be legally bound.

\_\_\_\_\_  
(Participant Signature)

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parish: \_\_\_\_\_

E-mail: \_\_\_\_\_ Adult Chaperone: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender: M F Enclosed: \$ \_\_\_\_\_

#### **The following information is for your parish use.**

- My parent(s) can drive to the gathering \_\_\_\_\_ Passengers
- My parent(s) can pick us up from the gathering (at \_\_\_\_\_) \_\_\_\_\_ Passengers
- I would like to go for the day and chaperone. \_\_\_\_\_ Passengers

**Please return this form and payment to your youth minister/teacher and they will register you.**

**Send registrations and payment to: St. Francis Catholic Church, C/O Sheila Hershiser, 25 W Perry St. Willard, OH 44890 by January 9th. Make checks payable to Heartland/Back to Earth**

## Medical Form

The law requires that parental permission be obtained for operative and medical procedures on minors. Please fill out the following consent form so that emergency procedures may be promptly carried out. Those in charge will make every effort to notify you if your child is hurt. Also, no operation other than minor surgery will be performed, except in an extreme emergency, without parents being contacted and fully informed.

**Child's Name:** \_\_\_\_\_

I give my permission for operative and medical procedures as may be deemed necessary for my son or daughter \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)

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

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

Is the above covered by hospitalization insurance? Yes  No

Is so, what is the name of the company? \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

Individual number: \_\_\_\_\_

Yes you can give my child Tylenol --- Dose: 1 tablet or 2 tablets -- 250 mg or 500 mg (please circle)

Please list facts concerning the child's medical history, including allergies and medications being taken, and any physical impairments to which a physician should be alerted.

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Preferred Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Year of child's last tetanus shot: \_\_\_\_\_

Anything else we should know about your child:

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