



Christ the King Catholic Church

Attn: Youth Minister
Christ the King Catholic Church
821 S Dale Mabry Hwy
Tampa, FL 33609

Youth Minister: Melissa Mulson
Asst: Maggi Neil
Office Phone: 813-873-2804
MNeil@CTK-Tampa.org

GOOD SAMARITAN PROJECT APPLICATION

June 21-26, 2021

Space is limited – First come, First served.

Teen's Information:

Last Name: _____

First Name: _____

Name you prefer to be called by: _____

Address: _____

City: _____ State: _____ Zip code: _____

Teen's Cell Phone: _____

Email: _____

Grade in 21-22 school year: 9 10 11 12

High School Attending: _____

T-Shirt Size (Adult): S M L XL

Special Dietary Needs:

Father's Information:

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: Same as participant's

City: _____ State: _____ Zip code: _____

Mother's Information:

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Address: Same as participant's

City: _____ State: _____ Zip code: _____

I, _____, parent/guardian of _____
want Christ the King to save a spot for my child for the Good Samaritan Project June 21-26, 2021. I understand that to reserve this spot *I must pay a \$230.00 non-refundable reservation fee even if for some reason my child is unable to attend*, to be turned in with this **form before May 15, 2021**. I understand that in order to be eligible to attend my child must attend the duration of the camp through the final Mass. (If I am unable to pay the \$230.00 fee by this date, I understand that I must contact the Youth Ministry office to request a deadline extension.)

Printed Name: _____

Signature: _____

Date: _____

.CHRIST THE KING
PARISH
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY

PARTICIPANT INFORMATION

Name of Youth: _____ DOB: _____

Parent/Guardian Name: _____

Home Address: _____

(A) Parent/Guardian emergency contact name and telephone numbers:

Name: _____

Home: _____ Work: _____ Cell: _____

(B) If "A" above is unavailable, alternate emergency telephone contact name and phone number:

Name: _____

Home: _____ Work: _____ Cell: _____

(C) Health Insurance Carrier: _____

Policy No.: _____ Group No.: _____

Nature of Event: I understand that the nature of this event sponsored by Christ the King Parish (hereafter "Parish") will be held at Good Samaritan Project (the "location"). I have been given information, or have had the opportunity to request information, which more clearly describes the physical facility. The event will take place on June 21-26, 20 21, and will involve a transportation to the destination and the following activities: Summer camp, retreat activities, talks, prayer experiences, Sacraments, team building, games, travel, service work.

I understand and assume the risks inherent with such an extended field trip, which may involve certain risks beyond the reasonable control of the Parish and the Diocese of St. Petersburg, and their respective representatives, volunteers and agents. Such risks may include but not be limited to accidents, emergencies, exposure to nature and the elements, and/or negligence of the Adult Chaperones and staff of the entity at the location of the event, the Parish and the Diocese of St. Petersburg disclaim any and all responsibility for any such risks.

I am also aware that all reasonable care and supervision will be exercised by the Adult Chaperons to provide for the general well-being of my youth. However, I understand that there will be times when my youth is not directly supervised and it is impossible for the Adult Chaperons to supervise my youth every minute of every day while attending this event. I acknowledge placing my trust in my youth to adhere to proper standards of conduct and to follow the rules of the Group Leaders and Adult Chaperons, especially when not being directly supervised. I understand and assume the risks described above and those inherent with such an extended field trip. In consideration for the benefits my youth will receive in attending this event, I, individually and on behalf of my youth, do hereby **RELEASE, DISCHARGE AND COVENANT NOT TO SUE** the Bishop of the Diocese of St. Petersburg, the Parish and all parishes within the Diocese, all employees, agents and volunteers for this event, and agree to hold them harmless from any and all claims whatsoever arising from the conduct of any person(s) which result in any injury or loss to my youth, or myself.

MEDICAL PERMISSIONS FOR YOUTH: If on the day of travel to the location, my child should have any symptoms of headache, vomiting, sore throat, cold, fever, flu, diarrhea, onset of any contagious illness, or should otherwise not attend the conference for health reasons, I agree that I will not permit my child to travel to the location. Before leaving the Parish, or during travel to or attendance at the location, in

THIS FORM CONTINUES ON THE REVERSE SIDE - OVER

the event it comes to the attention of the Parish that my child shows up with any illness or there is an accident or emergency, I agree that in the sole discretion of the Parish, my child may be sent home immediately without any liability to the Parish or the Diocese of St. Petersburg.

I have given consent for emergency medical treatment that may be necessary at the time of registration. I hereby ratify and incorporate that consent by signing below. Further, my youth is in good health and I am not aware of any medical conditions that would impair or prevent my youth from attending this extended field trip.

PERMISSION FOR OTHER MEDICAL MATTERS: In the following, check **ONLY** those that apply to your child:

____ YES, if upon leaving home I know my child is to be taking prescription or non-prescription medication at the time of this event, I give permission to the location's medical staff or Parish staff to administer the medication to my child; provided, however, that it is my responsibility to send with my child the appropriate quantity of clearly labeled medication showing dosage and frequency and to speak to a chaperone about this in advance. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever.

____ YES, in the event it comes to the attention of the Parish that my child complains of illness, I grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by the location's personnel or Parish personnel.

CODE OF BEHAVIOR: I agree to instruct my child to abide by all rules and regulations including the Parish Handbook, that are imposed for this extended field trip, that are sometimes referred to as a Code of Behavior ("the Code"). I understand that if I have not previously seen the Code, it is my duty to seek a copy of the Code and to review it and to explain it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the location and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection with such transportation from the Parish.

I fully understand the consequences of the foregoing statements and sign this Consent Form and Liability Waiver knowingly, freely and willingly. (Your signature must appear below or your youth will not be permitted to attend the event).

Parent/Guardian Signature Date

Youth: As a participant at this event, I understand and agree to conform to all of the rules and regulations outlined in the meetings, classroom and other materials I have received, which also include the Parish Handbook and may be collectively referred to as "The Code". I understand that my failure to follow the Code will result in my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. (Youth's signature must appear below or the youth will not be permitted to attend the event).

Youth Signature Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing Waiver was duly sworn and acknowledged before me this _____ day of _____, 20____, by the persons named hereinabove.

NOTARY PUBLIC
Name: _____
My Commission expires: _____

Revised: Jan/2002

Parish Name Christ the King
Parish Address 821 S Dale Mabry Hwy Tampa FL 33609
Parish Phone Number 813-876-5841

IN CASE OF AN ACCIDENT OR SERIOUS ILLNESS, THE ABOVE PARISH WILL CONTACT THE PARENT/GUARDIAN LISTED BELOW. IF THE PARISH IS UNABLE TO REACH THEM, OR ANY OTHER PERSON DESIGNATED, THEN I HEREBY AUTHORIZE THE CHURCH AND ITS REPRESENTATIVES TO CONTACT MY CHILD'S PHYSICIAN AND/OR MAKE ARRANGEMENTS FOR IMMEDIATE EMERGENCY TREATMENT. PAYMENT OR FEES FOR ALL MEDICAL SERVICES WILL BE THE RESPONSIBILITY OF THE PARENT/GUARDIAN. THIS MEDICAL RELEASE IS VALID FROM JUNE 1, 2021 UNTIL JUNE 1, 2022 AND FOR ALL EVENTS THROUGHOUT THE YEAR. I UNDERSTAND THAT IT IS THE PARENT'S RESPONSIBILITY TO UPDATE THIS FORM AS NECESSARY THROUGHOUT THE YEAR.

Youth/Participant's Name:
Parent or Legal Guardian's Name Phone(s)
Emergency contact information:
Family Physician's Name: Phone:
Insurance Co. Name Medical Insurance: ID number
Group Number Cardholder's Name

Health Information

List all medications taken daily and/or regularly:
Youth/participant's allergies, if any, including medication and food allergies:
Youth/participant's chronic medical problems (e.g. diabetes, epilepsy):
Youth/participant's other physical restrictions or dietary requirements (if any):
Date of Tetanus: Other medical:

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect.

My child may be given: Tylenol (circle: yes / no); Ibuprofen (circle: yes / no); Throat lozenges (circle: yes / no); Benadryl (circle: yes / no).

Signature of Parent/Guardian Date

STATE OF FLORIDA, COUNTY OF

Sworn to and subscribed before me this day of , 20 who [] is personally known to me, or [] who produced the following as identification

(SEAL)

Signature of Notary Public
Typed or printed name
Commission No.

**ANNUAL PARENTAL PERMISSION/RELEASE
for Communication and Photos**

Method of Communication Release:

During the year your teenager is a member of the parish youth ministry, we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Safe Environment policies within the Diocese of St. Petersburg, we are now seeking your permission for these items.

Yes, I give _____ (my youth/participant) permission to *communicate with the Parish Coordinator* of Youth Ministry and/or youth ministry team leaders through the use of his/her:
(please check all that apply)

- Email address _____
- Instant Messaging (Social Media) _____
- Home phone _____
- Cell phone (Including Text Message) _____
- All of the above

I also give permission for the Parish Coordinator of Youth Ministry and/or youth ministry team leaders to use this contact information to communicate with him/her. We understand that any addresses received through the parish youth ministry will *only* be used for the parish youth ministry purposes.

No, I do not give _____ (my youth/participant) permission to communicate with the Parish Coordinator of Youth Ministry and/or youth ministry team leaders through the use of his/her (please check all that apply)

- Email address
- Instant Messaging (Social Media)
- Cell Phone (Including Text Message)
- Home phone

___ I, as parent/guardian, would also like to receive email updates for meetings and/or changes in the calendar of events.
My email address is: _____.

Publicity/Photo/Video Release:

From time to time, publicity releases for newspapers, television, website, mass announcements, bulletin, and other media may be prepared about events occurring at the parish. Photos will also be used in the weekly parish bulletin. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by Christ the King Parish or media representative.

___ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

___ **No**, I do not give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

Signature of Parent/Guardian of Minor

DON'T FORGET THE COPY OF YOUR CHILD'S INSURANCE CARD!

This can be scanned and emailed or brought into our office
which will be happy to make a copy for you.