**St. William Catholic Church - 2300 Frederica Rd. SSI, GA 31522 (912) 638-2651**

Youth Group (6th through 12th) = $50

*- Additional $35 for Confirmation (8th grade) or total of $85*

Year _____ Grade _____

**Youth's Name:** _____
Last First Middle

**Date of Birth:** _____/_____/_____ **Gender:** M / F (Circle) **Age:** _____
Month Day Year

**Home Address:** _____ **City:** _____ **Zip**_____

**Parent's Names:** _____ **Mother's Maiden**_____

**Parent Email:** _____ **Main Phone:** _____

**Cell Phone** _*Mother:*_____ *Father:* _____

**Youth Email:** _____ **Youth Cell:** (____) _____

**School:** _____ **Grade Fall**: _____

**For Emergency Contact:** _____
Name Phone

Do we have permission to email or text your youth? Y/N (Circle)

Parents: [ ] Married; [ ] Separated; [ ] Divorced; [ ] Widowed

Youth lives with: _____

Sacraments: [ ] Baptism; [ ] Eucharist; [ ] Reconciliation; [ ] Confirmation

*If youth is to receive Confirmation this year please request & complete additional form.*

Glynn County Field Trip Permission

I hereby grant permission for my youth listed above to attend planned outings/events in Glynn County or Savannah, GA. Dates are to be determined. Person(s) in Charge: Nancy Power. Transportation will be by private vehicle or bus.

**PARENT INITIAL**: _____

Liability Release

I agree on behalf of myself, my minor dependent named herein, our heirs, successors, and assigns, to hold harmless and defend St. William Church and the Diocese of Savannah, its officers, directors, employees, agents, chaperones or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, employees, and agents, and the Diocese of Savannah, its employees, agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/Diocese. Further, I assume all responsibility for the conduct of my minor dependent during the above specified period of time. I have read and understand the statement above.

**PARENT INITIAL**: _____

Photo Release

Photographs and videos are often taken of youth activities sponsored by St. William Church, whether on parish property or elsewhere to publicize St. William Church events and functions. These photographs can appear together with their name on one of the following communication mediums: Diocese of Savannah websites and newspaper, the St. William parish website/Facebook, local newspapers or other mediums.

I [ ] DO [ ] DO NOT give permission for my dependent child's picture & name to be published.

**PARENT INITIAL:** _____

I have read, completed and initialed the Glynn County Field Trip Permission, Liability Release and Photo Release above and in so doing agree to each.

Parent Signature: _____ Date: _____

*Complete Medical Form on REVERSE SIDE*

**MEDICAL**

Youth's Name: _____
Last First Middle

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**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, if you are unable to reach me at the numbers on the reverse side of this form, contact:

Name & Relationship: _____ Phone: _____
Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

| Initial each if you AGREE | Medication & Notification |
|---|---|
| | My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:<br>_____<br>_____ |
| | No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required. |
| | I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate. |
| | In the event it comes to the attention of the parish, its employees, directors and agents, and the Diocese of Savannah, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself). |

**Specific Medical Information:** The parish/diocese will take reasonable care to see that the following information will be held in confidence. Does your child have:

Any allergic reactions (medications, foods, plants, insects, etc.): _____
Immunizations: Date of last tetanus/diphtheria immunization:
_____
A medically prescribed diet? _____
Any physical limitations? _____
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting
_____
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: _____
You should be aware of these special medical conditions of my child: _____
_____

I have read and understand and, where appropriate initialed the medical information above and agree it is accurate and complete.

Parent Signature: _____ Date _____