

# St. Joan of Arc Youth Ministry Waiver 2020-2021

## Parental Consent Form

I/we the parent(s) or legal guardian(s) of , a minor, do hereby grant permission for my/our child to participate in St. Joan of Arc Church & Youth Ministry sponsored events co-sponsored events, special events, service projects and socials, located on or off of St. Joan of Arc Church grounds. I/we the parent(s) or legal guardian(s) understand that specific event permission forms may be required at a later date in addition to this form.

I/we agree by my/our mutual signature(s) to release, absolve, indemnify and hold harmless St. Joan of Arc Church & St. Joan of Arc Youth Ministry, the Youth & Young Adult Ministry and CYO Office, Catholic Charities and its affiliates, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, and any and all Catholic Churches or Parishes and any and all staff, supervisors, volunteers, organizers or sponsors thereof, and from any and all liability for injury, medical fees, hospital bills, or doctor bills of aforesaid child. I/we waive all claims of any kind against any or all of the organizations or persons hereinabove enumerated, including any and all claims against person or persons transporting aforesaid child to or from any activities hereinabove named.

Parent/Guardian Signature

Date

## Video/Photo Release

I/we hereby give my/our consent to St. Joan of Arc Church & Youth Ministry to videotape/ photograph  and without limitation, to use such pictures, film, and or stories in connection with any of the work of St. Joan of Arc Church & Youth Ministry, including social media and I do hereby release St. Joan of Arc Church & St. Joan of Arc Youth Ministry from any and all claims whatsoever which may arise in said regard.

Parent/Guardian Signature

Date

*\*\*It is not necessary for you to sign this video/photo release in order for your child to attend the program. However, it would be to our convenience and assist us in promoting St. Joan of Arc Church & St. Joan of Arc Youth Ministry programs if you would sign it.*

**Authorization and Release for Emergency Medical Treatment**

I/we the parent(s) or legal guardian(s) of  consent for any official adult representative (volunteer or staff) of St. Joan of Arc Church & St. Joan of Arc Youth Ministry, in the event that all reasonable attempts to contact me at the below numbers have been unsuccessful, to seek medical attention and treatment as deemed necessary.

This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists concurs in the necessity for such surgery and is obtained before surgery is performed.

Any and all information concerning the above named child's history including allergies, medication and physical impairments, has been reported in the medical section below. In the event of an emergency, I authorize an adult representative (volunteer or staff) of St. Joan of Arc Church & Youth Ministry to share the completed registration information packet with persons related to the treatment of my child.

Parent/Guardian Signature

Date

**Parent/Guardian Contact Information (in the event of an Emergency)**

Parent/Guardian Name (s):

Address/City/State/Zip:

Please list all phone numbers in case of an emergency

Home:  Mom cell:  Dad cell:

**Child's Medical Information**

Physician's name:

Health insurance carrier:

Name of policyholder:

Member number:  Group number:

Child's birthdate:

Please list any important medical information such as allergies, asthma, special needs, and any medication your child may be taking that a physician or dentist should be alerted:

**Parent/Guardian Consent Form: Virtual Meetings**

Description of Parish program or activity:

Name of Parent(s)/ Legal Guardian(s):

Name of minor child:

I give permission for my child to participate in parish sponsored virtual catechesis sessions in connection with the program or activity listed above using audio and/or video conferencing services such as Zoom and Google Classroom/Google Meet. I understand and agree that any such session may be recorded by the Parish in the Parish's sole discretion ("Recordings"), and that the Recordings will be viewed by individuals who missed or were unable to attend the session and that the Parish cannot control who may view the Recordings along with the individuals who missed or who were unable to attend the session. I further understand and agree that the Recordings may, in the Parish's sole discretion, be shared with Parish staff, used for future catechesis or educational purposes, or shared in connection with an investigation of any alleged misconduct. I agree that the Recordings will be made without further notice and without compensation, and I agree that the Recordings shall constitute the sole property of the Parish.

*I agree to supervise my child's participation in any virtual or online catechesis sessions. I further agree to ensure that my minor child's use of any software or other online platforms complies with the terms and conditions of such software and/or platforms.*

**By signing below, I acknowledge that I am the parent or legal guardian of the above named minor child, that I have authority to sign this agreement on my minor child's behalf, and I have read, understand, and agree to the terms and conditions stated above.**

Parent/Guardian Signature

Date

*I/we the parent(s) or legal guardian(s) fully understand that if I/we have any questions about St. Joan of Arc Youth Ministry events I/we may contact Allie Gall, the Coordinator of Youth Ministry, at 440-247-4316 (office) or 440-666-1474 (cell), or for non-emergency information/questions at [agall@stjoanofarc.org](mailto:agall@stjoanofarc.org).*

Parent/Guardian Signature

Date