



Youth Participant - Deadline For Sign Up Is May 15th, 2009

We would like to donate additional funds for scholarships and supplies - \$ _____

For office use
ck. _____

cash _____
Date _____
ID# _____

PLEASE PRINT

Circle T-shirt: YthLg. Sm. Md. Lg. XL. XXL XXXL

Name _____ Current Age ____ D.O.B. ____ / ____ / ____ Current Grade 2008-09 _____

Address _____ Phone _____ Cell # _____

City _____ St _____ Zip _____ Gender ____ Male ____ Female

Email _____ Church _____

One friend I would like to be grouped with _____ (no guarantees, but we'll try)

PARENTAL CONSENT/RELEASE

I hereby authorize my Son/Daughter to participate in "Mission Possible 2009" with St Mark Catholic Church. I understand reasonable precautions will be taken to keep my child safe. I will not hold Churches, Dallas Diocese, members of the staff or volunteers, connected with Mission Possible responsible for accidental harm or injury that may occur during this activity. In case of an emergency, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for the care of my child.

Signature _____ Date _____ Cell # _____

Parent Name (printed) _____ E-Mail _____

Ins. Co. Name & Phone _____ Policy# _____

Address _____

Allergies and/or Medications: _____

Special health considerations: _____

We have read and agree to the "Code of Conduct" (on previous page) Parent Initial _____ Youth Initial _____

Adult Participant

Circle days available: Sun Mon Tue Wed Thu

PLEASE PRINT

Circle T-shirt: Sm. Md. Lg. XL. XXL XXXL

Name _____ D.O.B. ____ / ____ / ____

Address _____ Phone _____ Cell # _____

City _____ St _____ Zip _____ Gender ____ Male ____ Female

Email _____ Church _____

I will drive my vehicle with # _____ of seat belts. Check one - I would ____ OR would not ____ like my child in my crew.

CONSENT/RELEASE

My child's name is _____

I will not hold Churches, Dallas Diocese, members of the staff or volunteers, connected with Mission Possible 2009 responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for my care.

Signature _____ Date _____

Ins. Co. Name & Phone _____ Policy# _____

Address _____

Allergies and/or Medications: _____

Special health considerations: _____

I have read and agree to the "Code of Conduct" printed above. Signature _____

Audio/Visual Taping & Photography Consent Form

On occasion, at, videotape, audio tape, slides, and photographs are taken of children and youth during church and diocesan sponsored activities, such as Mission Possible, Vacation Bible School, Mission Trips, Youth Ministry activities, etc. These are utilized in newsletters, websites, event promotion, advertisements and other printed media.

As the State of Texas **does not** prevent videotaping or the photographing of children/youth (*with the exception of Senate Bill 1, Section 26.009, which deals specifically with school districts*), it does encourage parental consent. Additionally, current videotapes and photographs assist law enforcement agencies dealing with the Missing Children's Program.

I, _____, (*please print participant name*)
consent to the use of such materials in which I may appear. I release the staff and volunteers of the Diocese of Dallas from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

Date _____

Participant Signature _____

Participant's Parish _____

Signature of Parent/Guardian, if participant is younger than 18 years of age:

_____ **Date** _____

Printed Name of Parent or Guardian _____