



# Catholic Diocese of Saginaw

## Witness 2020: Surrounded by Saints Registration Information and Permission Form

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in **Witness 2020: Surrounded by Saints** at **Nouvel Catholic Central High School** on **November 1, 2020**, hosted by the Catholic Diocese of Saginaw. Witness 2020 begins at 9:30 a.m. and concludes about 9:30 p.m.

This activity requires transportation to and from Nouvel Catholic Central High School and will take place under the guidance and supervision of authorized personnel from your parish/school.

Method of Transportation: \_\_\_\_\_

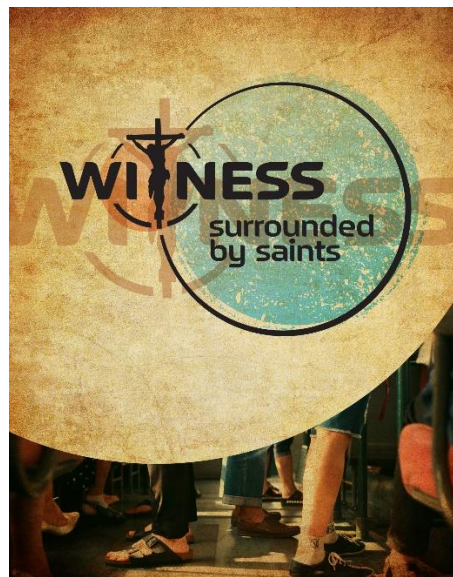
Designated Parish/School Supervisor: \_\_\_\_\_

**Cost: \$50.00 per person. Scholarships available from Diocese of Saginaw. Contact Office of Youth Ministry for additional information.**

Emergency parish contact during event: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return pages two and three to your parish youth minister or designated school personnel. Keep this cover page so you have the details for the day. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

If you will be attending the event with your child, please complete the Registration Information on page 2, then check the box stating you will be responsible for your child, date and sign it. If you register online, bring the form with you the day of the event. If you register through your parish or school, return the form to your parish youth minister or designated school personnel. Since you will be with your child, you are not required to complete sections B and C.



**Catholic Diocese of Saginaw  
Witness 2020: Surrounded by Saints  
Registration Form**



**Section A: Registration Information and Statement of Consent**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Parish: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Cell number: \_\_\_\_\_  High School Student  Parent/Guardian  Chaperone

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

***For participants under the age of 18:***

***1) Please complete next two lines.***

***2) Please read and sign the Statement of Consent/Release of Liability and complete sections B and C.***

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

I will be attending the event with my child and take full responsibility for him/her.

\_\_\_\_\_  
(Print Parent's Name)

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

**Statement of Consent/Release of Liability**

I hereby consent to participation by my child in **Witness 2020: Surrounded by Saints**. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee/volunteer on Sunday, November 1, 2020. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in **Witness 2020: Surrounded by Saints**, I agree to indemnify and hold harmless and defend the Catholic Diocese of Saginaw, \_\_\_\_\_ School/Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteer and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless and defense agreement do not apply to claims for intentional misconduct.

\_\_\_\_\_  
(Print parent's name)

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)

## Section B: Medical Release

To Whom It May Concern:

I hereby authorize treatment for  **my child**  **myself** by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family.

Reason for which release is intended: **Witness 2020: Surrounded by Saints**

Participant's Name \_\_\_\_\_ Relationship to you (if minor):  Son  Daughter

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

Emergency Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_ City: \_\_\_\_\_

List allergies, medication, contacts, or other pertinent comments (**Prescription medication must be provided in original containers**):

\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Data:

Company: \_\_\_\_\_ Policy: \_\_\_\_\_

Group: \_\_\_\_\_ Contract: \_\_\_\_\_

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Adult or Parent/Guardian)

## SECTION C – Media Release (must be completed for those under the age of 18)

Photographer(s) may be present at this event, taking photos for the Catholic Diocese of Saginaw, parish and/or social media websites for informational and/or promotional purposes. Please check the appropriate box below:

I give permission for photos and/or videos of my child to be included with other Witness 2020 photos on the Catholic Diocese of Saginaw, parish and/or social media websites.

I do **not** give permission for photos and/or videos of my child to be taken or posted on any Catholic Diocese of Saginaw, parish and/or social media websites.

Student Name (s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_