

Shine Youth Rally Registration Form March 24, 2018

Name of Participant: _____ Grade: _____ Age _____ T-Shirt Size (Adult sizing) _____

Phone Number during the Event: _____ Alternate Number: _____

Parent Name(s): _____ Email: _____

Below please list any allergies or issues that may affect your child during this activity:

ACTIVITY: Shine Youth Rally

WHEN: Saturday, March 24, 2018 12:15 p.m. – 9:30 p.m.

WHERE: West Catholic High School (1801 Bristol Ave NW, Grand Rapids, MI 49504)

TRANSPORTATION: Bus (Bus will pick up at OLL at 12:15 p.m. and return students to OLL at 9:30 p.m.)

COST: \$40.00 (If you are in need of financial assistance, please do not hesitate to contact Liz at lmarkovicz@oll.org)

DESIGNATED SUPERVISOR: Designated Chaperones

As legal guardian, I give permission for my child(ren) to participate in the Faith Formation Program, including service trips and other activities sponsored by the Faith Formation & Youth Ministry Program of Our Lady of the Lake Catholic Church.

I understand that photos and video taken may be used for classroom use, publicity and promotion of programs. I understand that there will be no remuneration for such use. If I do not wish for my child's photo to be used, I will submit my request in writing to the Faith Formation Office.

I hereby authorize first aid/medical treatment for my child/children, listed above, in the event of an emergency, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to contact the parents/legal guardians listed on this form, as soon as reasonably possible. In the event that the aforementioned requires my authorization for treatment and I cannot be reached in an emergency, I hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the parish and its agents during Our Lady of the Lake Programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady of the Lake Parish, its leaders, employees, drivers, volunteers, or the Roman Catholic Diocese of Grand Rapids liable for damages, losses, diseases, or injuries incurred by the aforementioned.

Parent or Legal Guardian Signature Parent or Legal Guardian Signature Date

**BRING OR SEND PERMISSION SLIP AND \$40 .00 (CHECK MADE OUT TO OLL), by
February 14, 2018
To Our Lady of the Lake, 480 152nd St Holland, MI 49424**

Office Use Only				
Date	Ck#/Cash	Amount	Program #	Init