

# Christ the King Youth Ministry Parental Consent/Release Form

I hereby authorize my child to participate in 2024-25 Christ the King Catholic Church Youth Ministry activities. I understand that reasonable precautions will be taken to keep my child safe. I hold harmless Christ the King Catholic Church, members of its staff and volunteers, in the event of an accident or injury. In case of an emergency during CTK church sponsored activities, 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. I have instructed my child about the expected level of behavior while participating in these activities, service projects, mission trips and retreats.

Youth Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Parent Email address \_\_\_\_\_ Youth email address \_\_\_\_\_  
Youth's 2023-24 Grade in School and name of School \_\_\_\_\_ T-Shirt Size S M L XL 2XL 3XL

## PERMISSION TO TRAVEL

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in the below described parish event/youth activities.

Description of event(s): \_\_\_\_\_

Date(s) of event(s): \_\_\_\_\_

## CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, \_\_\_\_\_ the parent/guardian/conservator of \_\_\_\_\_ grant permission for my/our son/daughter to travel to and participate in the Event described in this form. I/we assume all risks and hazards incidental to the participation in the Event, including transportation to and from the Event. In consideration for allowing this minor to participate in the event listed above, and on behalf of myself/ourselves and Participant's parents, legal guardians, siblings, heirs, assigns, and personal representatives, I/we hereby release and agree to fully and unconditionally protect, indemnify, and defend the Parish(es)/School(s) hosting this Event, the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees") and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including Participant) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the minors participation in the Event, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, attorneys' fees, and expenses incurred by the prevailing party.

## AUTHORIZATION OF CONSENT TO TREAT MINOR

I, \_\_\_\_\_ am the \_\_\_ parent \_\_\_ guardian or \_\_\_ conservator of \_\_\_\_\_, a minor, and as such do hereby authorize Christ the King Catholic Church, its youth ministry leaders, employees, contractors and volunteers as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the laws of the jurisdiction where such diagnosis or treatment may be given, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or at any other location. It is understood that this authorization is given in advance of any specific treatment or diagnosis, but is given to provide authority and power of treatment, or hospital care which the aforementioned physician in the exercise of best judgment may deem advisable. This authorization is given pursuant to the provisions of Chapter 32 of the Texas Family Code. This authorization shall remain effective throughout the specific event dates listed above. In consideration of acceptance of this authorization, but without any time limitation and without any future right of revocation, I hereby release, defend and hold harmless the Parish(es)/School(s) hosting this event, and the Roman Catholic Diocese of Dallas (Diocese), their officers, directors, agents, employees, volunteers, ministry leaders, event organizers, and contractors from all claims, liabilities and loss in any way arising out of or in connection with or relating to such treatment and treatment decisions.

## AUDIO/VISUAL RECORDING AND PHOTOGRAPHY CONSENT

On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of minors during church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, advertisements and other printed media. For good and valuable consideration, I hereby grant to the parish(es) and/or diocese leading the registering Event the irrevocable and unrestricted right to make, use and/or publish any and all photographs, videos, and other images of me/my minor child(ren) listed on this registration form, or images in which me/my minor child may be included, now existing or hereafter made, in any case, with or without identifying subject for editorial, advertising, news, or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release and agree to fully and unconditionally protect, indemnify, and defend any parish(es) described on this registration form), the Roman Catholic Diocese of Dallas, and their respective officers, agents, and employees, (collectively, "Indemnitees")

and hold each Indemnitee harmless from and against any and all costs, expenses, attorney's fees, claims damages, demands, suits, judgments, losses, or liability for injuries to property, injuries to persons (including the participating minor) and from any other costs, expenses, attorney fees, claims, suits judgments, losses, or liabilities of any and every nature whatsoever arising in any manner, directly or indirectly, out of, in connection with, in the course of, or incidental to the use or publication of any photographs, videos, or other images of my child, REGARDLESS OF CAUSE OR OF THE JOINT, COMPARATIVE, OR CONCURRENT NEGLIGENCE OF THE INDEMNITEES.

NOTE: Should your child have an Emergency Injection Device (Epi-Pen), Diabetic Condition, Asthmatics with a rescue inhaler, or other special medical condition, it is important to provide a clear description as to the nature of the medical condition and any medication. This is important for situations where the youth becomes unable to self-administer these treatments and to communicate with Emergency Response Personnel. If a child, who is normally able to self-administer these medications becomes unable to self administer or is in distress, youth ministers, volunteers, or other parish personnel will immediately call 911 to summon Emergency Medical Personnel to respond to the medical emergency. Youth ministers, volunteers, and other parish personnel are NOT trained to administer these types of emergency medications.

\_\_\_\_\_ This child takes medication but is unable to self-dispense any and all needed medications.  
\_\_\_\_\_ No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.  
\_\_\_\_\_ I grant permission for the following nonprescription medication to be given to this child:

Non-aspirin/pain reliever Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_  
Throat Lozenge Yes \_\_\_\_\_ No \_\_\_\_\_  
Decongestant Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_  
Antacid Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_  
Antihistamine Yes \_\_\_\_\_ No \_\_\_\_\_ # of tablets per dosage \_\_\_\_\_  
Other \_\_\_\_\_ Dosage \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION**

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

Immunizations: (date of last tetanus/diphtheria immunization) \_\_\_\_\_

Other Medications child currently takes: \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? Y N If so, date and disease or condition. \_\_\_\_\_

Any other special medical conditions of this youth that we should be aware of? \_\_\_\_\_

Name of Parent/Guardian/Conservator \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name of Additional Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature of Parent/Guardian/Conservator \_\_\_\_\_ Date Signed \_\_\_\_\_

**CODE OF CONDUCT**

1. I agree to treat other participants, staff members and volunteers with respect and I understand that all adult leaders have the authority to discipline me.
2. I will always follow the schedule and guidelines given to me.
3. I understand that alcohol, fireworks, tobacco products of any kind, illegal drugs and profane or abusive language are not allowed on any part of this activity.
4. I understand that I represent Christ the King Catholic Church and agree to behave in a Christian and positive manner at all times.
5. Sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.
6. No participant is allowed to leave without an adult's permission and/or verification.
7. In the event of an emergency or other need to contact any participants, the staff and volunteer leaders must know where I can be located, therefore I agree to stay with my assigned group at all times.
8. I realize that I, and my parents, will be financially responsible for any damage I do to others' property, facilities or vehicles.
9. I understand that my electronic devices (cell phone, ipad, etc.) may not be allowed during certain activities and if asked by an adult supervisor to turn off then I will do so, otherwise the adults may take it up and hold until the end of the activity.
10. I understand that if I choose to violate any part of this code of conduct, I run the risk of having my parents notified and that I could be sent home, at my parents' expense. (This determination will be left to the discretion of the church staff.) We have read this Code of Conduct and agree to abide by it.

**Youth's Name (Print)** \_\_\_\_\_ **Youth's Signature:** \_\_\_\_\_  
**Parent's Name (Print)** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_