

ST. THERESA BUZZARD ROCK HIKE

WHEN: Friday, August 11th, Departure time 9:00 am,
return Friday, August 11th @ 3:00 pm

WHERE: Buzzard Rock North- Front Royal, Virginia

High School Youth Information (one form per child)

Name: _____ Nick Name: _____

Birthdate: _____ Youth Email Address: _____

Grade in School: _____ School of Youth: _____

Emergency Contact & Medical Information

In the event we cannot contact the parents/legal guardians, please provide an emergency contact

Emergency Contact: _____ Relationship to Youth: _____

Home Phone: _____ Cell Phone: _____

Student Health Information

Family Physician: _____ Phone #: _____

Known allergies including any allergies to medicine (continue on a separate paper if needed)

Any other medical problems which should be noted (continue on a separate paper if needed)

Insurance Information

Insurance Carrier: _____

Policy Number: _____ Phone #: _____

Parent/Guardian Information

Name of Parent/Guardian for Contact: _____

Valid Email address for trip information: _____
(please print legibly)

Home Phone: _____ Cell phone: _____

Name of Parent/Guardian2: _____

Home Phone: _____ Cell phone: _____

- Continued- Buzzard Rock Hike permission form

As the parent/legal guardian of _____ permission is hereby given for my child to be a participant in St. Theresa Parish Buzzard Rock Hike on August 11th. The activity is in George Washington National Forest in Front Royal, Virginia. The hike is a 4 mile trail located in Front Royal, Virginia that is rated as **EASY**. There is a steep rock face at the height of the climb called Buzzard Rock – participants must be very careful at this point and listen to chaperones to ensure safety. **PARTICIPANTS BRING AND**

CARRY THEIR OWN LUNCH AND WATER ON THE HIKE. We will car pool to the location.

Participants will meet at St. Theresa Parish in the new parking lot on August 11th at 9 am. The expected return time is 3 pm at St. Theresa Parish. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x- ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. Also, I authorize the Diocese of Arlington to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing. I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location. I authorize that in my absence the abovenamed minor may be picked up by:

_____ phone#: _____.

I further give my consent that in my absence the above-named minor may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Photo/Video: Also, I authorize St. Theresa's Youth Ministry, the Catholic Diocese of Arlington, and Mount St. Mary's College to use my child's picture or video recording for educational purposes and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Religious Education Office in writing. I freely execute this Acknowledgement with full knowledge of its content.

I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location.

Signature of Parent/Legal Guardian _____ **Date:** _____