

Cathedral of the Sacred Heart

823 S. Cathedral Place

804-359-5651

OFFICE OF EVANGELIZATION

Event Name: VA Catholic Youth Day at Busch Gardens

Event Date: October 5, 8:00am meet @ Cathedral of the Sacred Heart, depart by 8:15am

8:00pm depart Busch Gardens (park closes at midnight,
but we will leave as a group at 8pm)

Please provide the following information for anyone participating in Cathedral activities

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Emergency Contact Name: _____ Relation: _____ Emergency Phone: _____

Email address: _____

Is the youth bringing a cell phone? Y/N What's the number? _____

The Parish Adult Leader will take reasonable care to see that the following will be held in confidence:

FOR ADULTS ATTENDING THE ACTIVITY:

- If you have a medical condition of which we need to be aware, please indicate _____
- In case of emergency, do you authorize the adult in charge to seek medical assistance and/or treatment? Please circle: YES NO

Medical Insurance Company Name & Number _____/or attach a copy of the medical insurance card

PARENTS/GUARDIANS re: MINORS: Please complete the following specific information where applicable if the person attending the trip is under 18 years old: the above participant has my permission to attend or participate in a Cathedral activity. In the case of an emergency or should my son/daughter require medical assistance, I authorize the adult in charge to seek such assistance and/or treatment, except as indicated below. If such an incident should occur, I understand that Cathedral of the Sacred Heart is not responsible.

Parent/Guardian Signature: _____

Medical Insurance Company Name & Number: _____/or attach a copy of the medical insurance card.

PLEASE INITIAL NEXT TO ANY STATEMENTS WHICH REPRESENT YOUR WISHES:

1) In the event of an emergency, I hereby give permission for my child to be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I cannot be reached, contact the above-mentioned emergency contact. _____

2) **NO MEDICATION OF ANY TYPE**, whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required. _____

3) My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: _____

SPECIFIC MEDICAL INFORMATION:

Allergic reactions (medications, foods, plants, insects, etc.) _____

You should also be aware of these special needs of my child: _____

I, _____, agree to abide by this covenant with Cathedral of the Sacred Heart, Richmond, VA.

- I will honor all the rules and regulations of Busch Gardens Amusement Park.
- I will stay with my assigned group & chaperone.
- I will respect each person I encounter, whether in the community or as a member of the Cathedral of the Sacred Heart team. I will listen respectfully to the team.
- I will not behave in any offensive manner: verbal or physical (yelling, hitting, fighting, profanity, inappropriate gestures, etc). I will not participate in any Inappropriate Public and Private Displays of Affections (IPPDAs).
- I will respect all of God's creation as well as personal property of members, public and private properties. Destruction of any property that I do requires me to make full restitution to the owner and my family will be notified.
- I will not participate in using any form of illegal drugs, alcohol or tobacco. I will only take prescription or over the counter medication with parental consent.
- Adults are not to use illegal substances or alcohol when young people have been entrusted to their care for a church sponsored activity or program.

Children/Youth's SIGNATURE: _____

Payment _____

PARENT'S SIGNATURE: _____