

St. Kieran Middle School Youth Group 2023

1510 Greenfield El Cajon, CA 92021 (619) 588-6881

Your son/daughter, guardianship, is invited to participate in a St. Kieran Youth Ministry Event sponsored activity at a location away from the parish site. This activity will take place under the guidance and supervision of employees & chaperones from St. Kieran. A brief description of the activity follows:

Event / Destination:	Varies, See Calendar & INITIAL EVENTS ON BACK
Designated Supervisor of Activity:	Nathalie & Tom Horning, Youth Ministers and or other designated chaperone(s).
Method of Transportation:	Parent must provide transportation to and from event
Attire: Dress Code:	Appropriate attire for a Christian event: No sagging pants that reveal undergarments. No bare shoulders or midriffs, including spaghetti straps or halter tops, no short shorts or short skirts
Youth Should Bring:	\$ Specified amount for each event

– Complete & bring form and return

PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

St. Kieran Youth Event

Participant's Name: _____ Grade: _____

Date of Birth: _____ Sex: M / F

Parent/Guardian's Name: _____

Address: _____

Emergency Phone: _____ Alternate Phone: _____

I, _____ grant permission for my child, _____
Parent/Guardian Name – Please Print Participant Name – Please Print
to participate in this St. Kieran Youth Ministry event that requires transportation to a location away from the parish site.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Kieran Parish and the Roman Catholic Bishop of San Diego, its officers, directors, employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate St. Kieran Parish, its officers, directors and agents, and the Roman Catholic Bishop of San Diego, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Kieran Parish or the Roman Catholic Bishop of San Diego.

I further understand, if my teen is unable to follow the guidelines for the above activity and causes a problem the chaperones cannot handle, I will be responsible for coming to the activity to pick up my child. If any incident or injury happens the teen is to immediately notify the youth minister or chaperones of the event.

Parent/Guardian Signature

Date

Photo/Video Release: Photos or Videos may be used of my teen in printed materials or visual displays, or media for use in furthering the mission of St. Kieran Youth Ministry, and only used for related purposes, and will not be used for any commercial purpose whatsoever. I therefore hereby waive any kind and all rights I may have for remuneration of any kind that could otherwise accrue for the uses of such photos and/or audio or video recordings.

**Please continue
to the back.**

Parent/Guardian Signature

Date

MEDICAL INFORMATION

St. Kieran Youth Event

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

Complete and sign the following statements that are applicable

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers on the reverse side of this form, contact:

Name:			
Relationship to participant:			
Primary Phone:		Secondary Phone:	
Health Insurance Carrier:			
Insurance ID Number:		Insurance Policy Number:	
Family Doctor:		Phone:	

Parent/Guardian Signature

Date

Other Medical Treatment: In the event it comes to the attention of St. Kieran, its officers, directors and agents, the Roman Catholic Bishop of San Diego, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Parent/Guardian Signature

Date

Medications: My child needs to take medication while on this St. Kieran Youth Ministry sponsored field trip. The necessary medication will be well-labeled and delivered to the St. Kieran Youth Ministry office prior to departure. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

My Child is allergic to: (medications) _____

Parent/Guardian Signature

Date

Date

Initial

Fri. Oct. 6th Dance at OLPH	
Fri. Oct. 13th ESCAPE @ OLG	
Fri. Nov. 3rd. Boxes of Joy @ St. Martin of Tours	
Fri. Dec. 1st Cookie Baking @ St. Kieran	
Tues. Dec. 12th Caroling @ Good Samaritan Rest Home	

Info for each event can be found in more detail online if you visit www.stkieran.com

2023

Middle School Deanery Events

OCT.

6th Friday Night Social & Dance at Our Lady of Perpetual Help, Lakeside. Cost \$7 plus please bring a pair of new socks for Socktober Outreach Project

13th Friday ESCAPE Youth Night at Our Lady of Grace, El Cajon. 2766 Navajo Rd.

NOV.

3rd Boxes of Joy at St. Martin of Tours, La Mesa. This service project is to fill a shoe box with gifts to share in the spirit of xmas across the world. We ask that you please shop for your items ahead of time, bring those items with you. See flyer for more details

DEC.

1st Cookie Baking at St. Kieran, Greenfield Dr. El Cajon. Please bring a donation of beanies, gloves, rain ponchos or jackets for homeless outreach

12th Christmas Caroling at Good Samaritan Rest Home, 1515 Jamacha way. Caroling will be from 6-7:15 followed by a Tailgate after with Hot Chocolate Provided.

PLEASE CONTACT NATHALIE HORNING IN THE YOUTH OFFICE FOR MORE INFORMATION

saintkyouthministry@gmail.com
+619-588-6881
www.stkieran.com