

Diocese of Toledo ~ Middle School Rally  
6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Graders

# Know, Love, Serve

St. Michael the Archangel, Findlay

Saturday, March 24th, 2012

11:00 am — 5:45 pm

Registrations due by February 24, 2012

Return to Sara Fitzgerald at the Parish Office.

Make checks payable St. Paul Catholic Church.



**Keynote Speaker/Musician**  
**Michael James Mette**  
[www..michaeljamesmette.com](http://www..michaeljamesmette.com)

Find him on facebook and check out his music!

**Join us for a faith-filled  
day of fun, music, food  
and friends!**

**Rally cost is \$20 per person which  
includes lunch & a t-shirt.**

**Our day will conclude with mass,  
celebrated by  
Fr. Jeff McBeth.**

**Special Guest, MC/Speaker— Greg Wasinski**  
[www.wasinski.com](http://www.wasinski.com)

# Middle School Rally

Permission/Medical Forms

I request that St. Paul Parish allow:

\_\_\_\_\_  
[Name]

to participate in the **Diocese of Toledo Middle School Rally** to be held at **Findlay, St. Michael Parish on March 24, 2012.**

I understand that this will take place away from the parish premises and that my child will be under supervision. I understand that my child will be traveling by parent cars or by school bus, departing from and returning to St. Paul Parking Lot. I further consent to the conditions stated above in participation in this event, including method of transportation to/from St. Paul's in Norwalk.

I hereby release and indemnify St. Paul Parish, its staff and its volunteers, and the Catholic Bishop of Toledo, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in any event sponsored by St. Paul Parish Youth Ministry.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Alternate Phone Number

Size of T-Shirt: \_\_\_sm \_\_\_med \_\_\_lg

**EMERGENCY CONTACT IF PARENTS ARE UNAVAILABLE:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

St. Paul's Youth Ministry will take reasonable action to ensure that the activities your child is participating in are safe. We hope that you, as a parent or guardian of the participating child, will help ensure that your child understands what is expected from their actions to help ensure the safety of the entire group.

***Please complete the Emergency Medical/Permission Release Form on reverse side.***

## EMERGENCY MEDICAL AUTHORIZATION/PERMISSION RELEASE FORM

Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

**Purpose** – to enable parents and guardians to authorize the provision of emergency treatment for children whom become ill or injured while under St. Paul Parish authority, when parents or guardians cannot be reached.

**TO GRANT CONSENT:**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Medical Insurance Company

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including **allergies**, medications being taken and any physical impairment to which we and a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Special Needs: \_\_\_\_\_

**PERMISSION RELEASE:**

Permission for my child's picture to be taken and used in brochures, video, CD/DVDs, websites, etc. for publicity use only.

I grant permission

I do NOT grant permission

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_