



# High School Summer Fun 2024

\*Open to entering 9th  
graders through exiting  
seniors

KEEP THIS PAGE FOR DETAILS

## June

**2nd-** Volleyball at John Hunt Sand Volleyball  
Complex 6-8pm

**4th-** Topgolf 5:30-8pm

**9th-** Bonfire Praise & Worship - Holy Spirit  
Youth Room 6-8pm

**11th-** Vision Swim Night 6-9pm

**23rd-** Volleyball at John Hunt Sand  
Volleyball Complex 6-8pm

**25th-** Hiking at Blevins Gap 5-7pm

**30th-** Saint & Paint Night - Holy Spirit Youth  
Room 6-8pm

## July

**2nd-** Topgolf 5:30-8pm

**7th-** Volleyball at John Hunt Sand Volleyball  
Complex 6-8pm

**9th-** Vision Swim Night 6-9pm

**14th-** Soap Hockey on Holy Spirit Field 6-8pm

**23rd-** Shrine Pilgrimage 7:30am-6:30pm

**28th-** Lip Sync Battle - Holy Spirit Youth  
Room 6-8pm

**30th-** Movie Night at Holy Spirit 6-8pm

**Diocese of Birmingham in Alabama - Form CH-1**  
**Parental/Guardian Consent Form and Liability Waiver**

**Type or Print Clearly All Information**

Child \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Other phone( ) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_ grant permission for my child (name of child)

\_\_\_\_\_ to participate in this parish youth event that requires transportation to a location away from the site. This activity will take place under the guidance and direction of personnel from Holy Spirit parish.

This form will cover activities for High School Youth Group Summer 2024 Activities listed below:

**Volleyball at John Hunt Park Sand Volleyball Complex:** 6-8pm June 2nd & 23rd, and July 7th - Drop-off & Pick-up at 2305 Airport Rd SW, Huntsville, AL 35801

**Top Golf Night:** 5:30-8:00pm June 4 and July 2nd, 2024 - Drop-off & Pick-up at 6100 Top Golf Dr NW, Huntsville, AL 35806 \$14 Bay Rental and Money for Food

**Vision Swim Nights:** 6-9pm June 11th and July 9th, 2024 - Drop-off & Pick-up at 187 Oscar Webster Rd SE, Huntsville, AL 35803 No Cost

**Hiking at Blevins Gap Nature Preserve:** 5-7pm June 25th, 2024 - Drop-off and Pick-up at 2275 Cecil Ashburn Dr SE, Huntsville, AL 35802

Individual in charge of and responsible: Lori Lai 256-882-6483; 256-642-9508 & Kyrie Jobb 912-401-2079

Mode of transportation: Parents will drop off to the individual location at the given time

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here \_\_\_\_\_

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

**Media Release and Authorization (Form PR-1)**

I understand that by signing this Media Release and Authorization I hereby grant authority to Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers for the use of any videos, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display or sale of public service or promotional announcements.

I also hereby release Holy Spirit Church, its Youth Group, and the Diocese of Birmingham in Alabama, its Bishop, staff and volunteers from any claims that may be made by me based upon use of this material.

This Release and Authorization form is for media interviews, video recording, and photography, web-posting or similar items used publicly (including parish or school bulletin boards, mailings, web-pages and other publications) Parent sign Initials here \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone(s) of Alternate: \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_ Signature(s) of Parent/Guardian: \_\_\_\_\_

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

Name \_\_\_\_\_

### MEDICAL INFORMATION

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

Family Health Plan Carrier: \_\_\_\_\_

Policy/Contract Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

#### Optional:

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 are as follows: \_\_\_\_\_

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

#### Optional Instruction:

Do not give non-prescription medication of any kind to my child without my express permission.

Exceptions: \_\_\_\_\_

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

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

Date of last tetanus: \_\_\_\_\_ Special Dietary Considerations: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_ You should be aware of these special medical or psychological conditions of my child: \_\_\_\_\_

### CODE OF CONDUCT

I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that if my child is dismissed from the event I will be expected to travel (or send an adult designee) at my expense to the event location and retrieve my child.

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



# VISION MINISTRY, INC., OF HUNTSVILLE, AL

## ACTIVITY AUTHORIZATION FORM

Date of Event at The Vision: \_\_\_\_\_ Event Name: \_\_\_\_\_  
 Church/Organization Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Email address: \_\_\_\_\_

### Liability Release

I acknowledge the personal benefits accruing to me (and my child, as applicable) by reason of participation in an event with Vision Ministry—including those led by its staff, those led by my (my child's) group leader, and those I (my child) elects to take part in—and I am aware of the activities in which I, or my child, will be involved through said participation. I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Vision Ministry, their directors, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions, or rights of action, whether asserted by me or a third party arising out of my (or my child's) participation in event activities (the "Claims"). I agree to indemnify Vision Ministry for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs, and legal expenses.

### Assumption of Risk

I am aware of the risks associated with participation in the event(s) and do hereby voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that may result from participation in any and all activities that occur during my (my child's) stay at The Vision. Events may include but are not limited to team sports, hiking, swimming, low and high ropes course activities, archery, canoeing, climbing, rappelling, and tomahawk throwing.

### Media Release

By signing this form, I give Vision Ministry and its leaders/staff permission to feature my child in the following: photographs, recordings, statements, and/or video during and regarding activities at Vision Ministry and hereby grant Vision Ministry the right to edit, use, and reuse these materials for its purposes in print, on the internet, and all other forms of media and assign any and all rights in such materials and hereby release Vision Ministry and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

### Medical Emergency

In the event of injury or a medical emergency, I understand that my group's leader, not Vision Ministry, will be responsible for the medical care of all attendees. It will be the group leader's responsibility to assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care, and contact parents or guardians of minors. I release Vision Ministry from any and all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee's participation in all Vision Ministry staff-led activities and those activities conducted by my party's group leader.

### Understanding

I represent and acknowledge that I have completely read and understand this document and all its terms, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a Christian conciliation/mediation organization for binding resolution.

**CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.**

Please check which applies:

- Parent/Guardian (for attendee under 19 years of age)       Attendee (19 years of age and over)

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

Relationship to Attendee: \_\_\_\_\_ Contact #: \_\_\_\_\_

**Diocese of Birmingham in Alabama - Form CH-1  
Parental/Guardian Consent Form and Liability Waiver**

Type or Print Clearly All Information

Child \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_

Mother's First and Last Name/Guardian \_\_\_\_\_

Father's First and Last Name/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Parent phone ( ) \_\_\_\_\_ Youth phone( ) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_ grant permission for my child (name of child) \_\_\_\_\_ to participate in this parish youth event that requires transportation to a location away from the site. This activity will take place under the guidance and direction of personnel from Holy Spirit parish.

Email: \_\_\_\_\_

**A brief description of the activity follows:**

Date of event/activity: Tuesday, July 23, 2024

Type of event/activity: **Pilgrimage to the Shrine of the Most Blessed Sacrament**

Destination of event/activity: 3222 Co Rd 548, Hanceville, AL 35077

Individual in charge of and responsible: Lori Lai 256-882-6483; 256-642-9508 & Kyrie Jobb 912-401-2079

Departure and Pick Up Time **7:30 am departure from Holy Spirit and 6:30 pm  
return to Holy Spirit**

Mode of transportation: Chaperone Vehicles (Parents needed for Transportation)

I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

In consideration of the parish or school allowing my child to participate in this event, I do hereby agree to forever indemnify, exonerate, hold-harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and in said bishop's individual capacity, and their respective successors in office, from all claims, demands, actions, and causes of action, arising out of or in any way pertaining to any bodily injury or illness, including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of The Indemnities.

Parent sign Initials here \_\_\_\_\_

This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities, or when the amount of liability exceeds the said insurance policy limits. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person, who will have authority to speak for me with respect to the emergency needs of my child.

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s) of Alternate: \_\_\_\_\_

Signature(s) of Parent/Guardian: \_\_\_\_\_



# ADULT VOLUNTEER FORM July 23rd, 2024

Your assistance with our Summer high school pilgrimage is greatly appreciated.

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

\_\_\_\_\_ CARPOOL from Holy Spirit at 7:30am, Tuesday morning out to the Shrine of the Most Blessed Sacrament, 3222 Co Rd 548, Hanceville, AL 35077 and back from the Shrine at 5:00pm

MY CAR CAN TRANSPORT \_\_\_\_\_ YOUTH IN SEATBELTS

ALL VOLUNTEERS MUST HAVE TAKEN DIOCESAN YOUTH PROTECTION I  
WITHIN THE LAST 3 YEARS

**Diocese of Birmingham in Alabama – Form DI-2**  
**Driver Information**

\*Form for drivers only

Print Clearly

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I understand and agree to the following rules concerning the transport of minors:**

**All drivers must:**

- Be at least 21 years old
- Have a current and valid driver license (issued within the United States)
- Have completed and properly filed diocesan form AS-1, Application for Service
- Obey all applicable traffic laws
- Enforce a “non-smoking” policy inside the vehicle while transporting minors
- Abstain from the use of a cell phone or other communication device while operating the vehicle
- Abstain from alcohol or other substances which may impair judgment or the ability to safely operate the vehicle. Period of abstinence must include at least six hours before driving through time of arrival at final destination

**All vehicles must:**

- Be currently registered with a state
  - Have an appropriate seat and seatbelt for each passenger
  - Be in good operating condition with all safety equipment functioning properly
  - Have vehicle liability insurance in the minimum of \$100,000 per person/\$300,000 per occurrence
- =====

I have not been convicted of driving under the influence or reckless driving during the past five years.

I give permission to the Diocese of Birmingham to secure a report on my past driving record. I understand that my personal information may be transmitted to an outside company or agency to get the report.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Date of Birth \_\_\_\_\_