

Questions? Text
Ms. Kyrie 912-401-2079

KEEP THIS PAGE FOR DETAILS

MIDDLE SCHOOL SUMMER FUN 2024

All exiting 6th & 7th graders are invited!

Attached you will find permission slips for our summer nights June 6th & 26th and July 11th & 24th. Please fill out the form for each event.

PLEASE NOTE DUE TO THE SIZE OF OUR GROUP, TO OFFER THESE MIDDLE SCHOOL NIGHTS, WE NEED PARENTS WHO ARE CURRENT ON THEIR YOUTH PROTECTION 1 CLEARANCE AND BACKGROUND CHECKED THROUGH THE SCHOOL OR PARISH. IF YOU ARE WILLING TO CHAPERONE THESE NIGHTS, PLEASE EMAIL OR TEXT ME ASAP.



Vision Swim Nights:
6-8:30pm June 6th & July 11th
DROP OFF & PICK-UP @
187 Oscar Webster Rd SE,
Huntsville, AL 35803
No Cost; Dinner Served

June 26th- 6:00pm-8:00-pm
Gaga Ball & Kickball on HS Field
Dinner Served



July 24th- 6:00pm-8:00-pm
Water Olympics on Holy Spirit Field
Bring clothes and shoes to get wet, towel, and a change of clothes to go home dry.
Dinner Served

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 Middle School Youth Group Summer 2024 Activities listed below:

Vision Swim Nights: 6-9pm June 6th and July 11th, 2024 Drop-off & Pickup at 187 Oscar Webster Rd SE, Huntsville, AL 35803

No Cost-Dinner Served

Gaga Ball & Kickball on the Holy Spirit Field: 6:00-8:00pm June 26, 2024 Holy Spirit Field-Dinner Served

Water Olympics on the Soccer Field 6:00-8:00pm July 24, 2024 Holy Spirit Soccer Field

Wear Clothes to get wet—Bring towel and change of clothes to go home dry-Dinner Served

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 #: _____