



NATIONAL  
**Eucharistic  
Congress**

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## **TRAVEL DETAILS**

**TUESDAY, JULY 16, 2024 10:00AM DEPARTURE FROM HOLY SPIRIT YOUTH ROOM  
RETURN TO HOLY SPIRIT 7:00 ish PM ON SUNDAY, JULY 21, 2024**

**Destination:**

- 1. Lucas Oil Stadium**
- 2. Indianapolis Convention Center**
- 3. Omni Serverin Hotel, Indianapolis IN**

**All 3 of our destinations are within 3 city blocks of each other**

**MONEY FOR 17 MEALS x \$15.00-\$20 EACH TOTAL \$240.00-\$300**

**MONEY FOR SHOPPING- PARENT'S DECISION ON AMOUNT**

**5 DAYS OF CLOTHING- We will wear our conference t-shirts every day- you will get 4 of these. Travel out will be a youth group shirt we will provide. Modest clothing: Jeans/Capris/khakis/skirts -no holes, shoes for walking each day. Bring a Sweatshirt in case you are cold during the meetings.**

**PJS**

**TOILETRIES**

**WE WILL PROVIDE SNACKS & WATER**

**SMALL PILLOW & BLANKET FOR BUS.**

**EARBUDS-CHARGERS-**

**RX MEDS MUST BE CHECKED IN TO HS STAFF.**

**LORI LAI 256-642-9508**

**KYRIE JOBB 912-401-2079**



# NATIONAL Eucharistic Congress

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## 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)

\_\_\_\_\_ Participating Teen Name (Print)

\_\_\_\_\_ Parent / Guardian Name (Print)

\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ **T-Shirt Size**

There may be a NEC liability waiver to sign that won't be available until later. That form will be sent digitally at that time.

**Diocese of Birmingham in Alabama – Form CH-2  
Parental/Guardian Consent Form and Liability Waiver**

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Type or Print Clearly All Information

Child \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

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

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

Home Phone (    ) \_\_\_\_\_ Other Phone (    ) \_\_\_\_\_

I, (name of parent or guardian) \_\_\_\_\_, request that my child (name of child) \_\_\_\_\_ participate in this parish youth event. This activity will take place under the guidance and direction of personnel from \_\_\_\_\_ Holy Spirit Catholic Church.

A brief description of the activity follows:

Date of event/activity: National Eucharistic Congress Indianapolis Indiana July 16-21, 2024

Type of event/activity: **High School Conference**

Destination of event/activity: **Lucas Oil Stadium, Indianapolis Convention Center, Omni Severin Hotel**

Name and Location of overnight lodging (if applicable): 40 W Jackson Pl, Indianapolis, IN 46225

Individual in charge of and responsible: **Lori Lai, Kyrie Jobb**

Estimated time of departure and return: **Tuesday 10:00am Departure– Sunday 7:00 PM Return**

Mode of Transportation: **Coach Charter Bus**

Additional Information: **See Attached list of items children should bring.**

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 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 school 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: \_\_\_\_\_

Name \_\_\_\_\_

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**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 Dietetic 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:** \_\_\_\_\_