

October 19, 2018

Dear Parent or Legal Guardian

As a youth member of Seton Parish, your child is invited to participate in an activity sponsored by Seton Parish Youth Ministry. This activity will take place at Seton Parish. This activity will take place under the guidance and supervision of authorized adult personnel from Seton Parish. A brief description of the activity follows:

**Name of Event:** The PORTSMOUTH CHALLENGE Food-Fast Lock- In

**Location:** Seton Parish

**Emergency Phone:** 614-833-0485 ext 228

**Date:** November 16-17, 2018

**Time:** Begin 5:00 pm Friday Evening End 9:00 am Saturday Morning

(All participants should start fasting on their own at 8:00 a.m. that Friday, and we will continue our fast until 8:00 a.m. on Saturday, ending with breakfast)

**Adult Supervisor:** Barbara Serrano, DYM

**Cost:** \$7.00

**Please complete and return the permission form, Sponsorship Form and any money collected to the Lock-In on November 11, 2018**

*Please keep this sheet for your reference.*

***OPEN TO GRADES 7-12***

## What to Bring

Please bring fleece cloth

Sleeping bag/pillow/blanket (air mattress

Pillow

Appropriate sleepwear

Rosary

(2) pieces of 1 1/2 yards of fleece for one baby blanket or fleece baby blanket kit.  
If you can bring extra that would be great.

**Bottle of fruit or vegetable juice to  
share (non-caffeinated only)**

DIOCESE OF COLUMBUS

REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT

PARISH NAME Seton Parish PARISH CITY Pickerington

Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.

I. REGISTRATION

- A. Name of Participant, Address, City, State, Zip Code, Phone, Participant Cell, Parent E-Mail, Parish, School, Date of Birth, Male, Female, Grade, Student Email, Name of Adult Leader: Barbara A. Serrano
B. Name of Activity, Location, Dates of Activity, Mode of transportation if not self provided:

II. PERMISSION

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

III. RELEASE AND INDEMNIFICATION

- A. Release. The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.
B. Indemnification. The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION

- A. Specific Medical Information. The Parish will take reasonable care to see that the following information will be held in confidence. Chronic Conditions (e.g. Epilepsy; Diabetes), Allergic Reactions (e.g. Food, medications, plants, etc.), Dietary Restrictions, Immunizations: Date of last tetanus/diphtheria immunization, Any physical limitations?, Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition, You should be aware of these special medical conditions of the Participant.
B. Current Medication: The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

**C. Non-Prescription Medication**

Please check ONE of the following:

[ ] No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.

[ ] Non-prescription medication may be given to the Participant, if deemed appropriate.

**V. EMERGENCY MEDICAL CONTACT AND TREATMENT**

**A. Emergency Contact Information**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

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

Member's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ )

Family Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ )

**B. Emergency Medical Treatment**

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ )

**VI. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION** (Leave blank if Consent not granted.)

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and \_\_\_\_\_ (Parish Name) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Barbara A. Serrano (614) 833-0485

**VII. CODE OF BEHAVIOR**

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

**VIII. SIGNATURES**

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only:
Received: _____
Payment method:
Cash \$ _____ Check # _____

# Parental Consent Form

Your child has expressed interest in participating in the *Seton Parish Youth Rqtuo qwj 'Ecnngpi g24-Hour Food Fast*. This event, which includes fasting, prayer, activities, and discussion on the issues of hunger and poverty in the world, will be held on Friday November 17-18, 2018

Fast for 24 hours (**All participants should start fasting on their own at 8:00a.m. that Friday**), consume only juice and water and we will continue our fast until 8:00 am on Saturday, ending with breakfast.

Solicit sponsorship pledges to raise money for Seton Parish's Portsmouth Outreach.

In the Bible, the practice of fasting is connected with the ideas of personal and communal growth and conversion.

By fasting, praying, and sharing conversation together we gain a connection with the people in the world who suffer from hunger involuntarily.

If there are medical reasons that prevent your child from being physically capable to participate in a fast, your child can still participate in the event in a modified way. Please contact me if you would like to discuss other options. The purpose of the fast is to create an awareness of the impact of poverty and inequity in a world of plenty and to give your child ideas about how to make positive changes in the world.

"

*Food Fast* is an educational retreat focusing on issues in the developing world. Students participate in a series of planned activities, and with the supervision of their youth minister or teacher, fast for the duration of the retreat. Anyone fasting must drink water and replace solid food with juices (fruit or vegetable) or other non-caffeinated drinks (such as herbal teas) throughout the Food Fast. Anyone with a cold or flu, liver or kidney problems, or a serious illness such as diabetes, heart disease, or ulcers, should not take part in the fast. If you are in doubt of your child's ability to participate, please consult your doctor. For most people, fasting is safe and can be beneficial; however, there are some people who should **NEVER fast without professional supervision**. (For example, persons who are too thin or emaciated; persons who have experienced anorexia, bulimia, or other eating or behavioral disorders; persons who suffer weakness or anemia; persons who take insulin for diabetes, or suffer from hypoglycemia or any other blood sugar problem should not fast)

Fasting should only be done in a limited and controlled environment.

My child, \_\_\_\_\_, has my permission to participate in the Portsmouth Challenge.

I give permission for photos to be taken of my child during this event, and for those photos to be published in parish newsletters and parish website.

Signature of Parent/Gaurdian

\_\_\_\_\_

Seton Parish Youth will be holding a Food Fast on November 17-18,2018. Please pray for participants as we fast and pray for our brothers and sisters around the world during our Food Fast.

\_\_\_\_\_ has chosen to participate in Food Fast because  
*Name of Participant*

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

Please consider sponsoring \_\_\_\_\_ during our Food Fast through a donation to

*Name of Participant*

assist those in need through the Portsmouth Food Trip.

*How will our donation benefit the poor through the work of Seton Parish?*

We are there to experience what people less fortunate than ourselves experience everyday.

By participating in the challenge students are standing in solidarity with those in need, especially those we assist with our Portsmouth Food Drive. Your donation will go directly towards the Portsmouth Outreach, it is our hope that through your support and through the participation of students taking the Portsmouth Challenge each family will be able to receive a full package of diapers in addition to the food baskets.

*O krlqpu'tcng'tj g'ej cngpi g'gxtg{fc{,'ctg'qwy krlpi A*

