



6th-8th grade

Northland Catholic Youth

# *Barn Dance*

## *Bonfire & Hayride*

Oct 22, 2011

6:00-11:00PM

COST \$10.00



INCLUDES: Hayride, Dancing, Hot Dog  
Roast, Chips, Drinks and S'Mores

Bus will leave St. James at 6:00pm

returning at 11:00pm

DEADLINE DATE: October 19

Contact Bobbi Román for more information  
at [bobbi@stjames-liberty.org](mailto:bobbi@stjames-liberty.org)

Parents needed to chaperone.



**St. James Catholic Church**  
**Diocese of Kansas City - St. Joseph**  
**PARTICIPATION FORM BARNDANCE**

**Oct 22<sup>nd</sup> 6:00 pm 11:00pm**

**BUS to and from Red Barn Farm in Westin /Participation Cost:\$10**

**Participant Information**

Name of Participant: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Other Contacts in case of illness or injury:

Name/Phone: \_\_\_\_\_

**Permission of Parent/Guardian**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, request that  
he/she be allowed to participate in the Event described above, and hereby give my/our permission  
for such participation.

I/We give my/our permission to the sponsoring Diocese/Parish/School/Organization to take  
photographs, video or digital images of Participant during the Event for future promotional  
purposes.

**Consent for Disclosure to Individual Involved in the Care and Treatment of Participant**

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents  
the following powers, to be used for the benefit of and on behalf of Participant (check all that  
apply):

- to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;
- to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

I/We consent to the logistics and conditions described above, including the method of transportation.

I/We understand that as parent(s) or legal guardian(s) I/we maybe responsible for any liability which may result from the conduct of Participant at or during the Event.

I/We understand that there is a risk of injury involved in any Youth Ministry activity. I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

Can you chaperone this event? \_\_\_\_\_