



# Y o u t h

## MINI MISSION DAY

6th-8th grade Day of Service

All 6th-8th grade teens from the Northland are invited to join us for a "Day of Service." We will meet at St James in the Social Hall to prepare for the day. After packing our lunches, we will split into several groups and head out to one of the service sites. We will return to St James around 3:30 pm to share about our service experience with the other groups.

Please wear work clothes and work tennis shoes. Service site will vary so just come prepared to work. Adult Drivers needed to help for the day.

The cost is \$5 per person to pay for lunch and snacks

We will attend 5 pm Mass together as a group however your families are welcome to join us for Mass

WHEN: Feb18th, 2012

TIME: 9am-6pm with Mass @ 5pm

COST: \$5 covers sack lunch and snacks for the day

Return registration form to the youth office or register online by **Feb 15th**

[www.bit.ly/stjmission](http://www.bit.ly/stjmission)



Bobbi Román  
Director of Youth Ministries  
[bobbi@stjames-liberty.org](mailto:bobbi@stjames-liberty.org)

Parents: I need drivers for every group of 5-6 youth. If you are willing to drive please sign up on the bottom of the participation form. If I do not have enough drivers I will be limited on how many youth I can take. Please consider driving for this event.

# St James Catholic Church Diocese of Kansas City – St. Joseph

## PARTICIPATION FORM FOR YOUTH MINISTRY EVENTS

(Please Print)

### I. Event Information

#### St James Youth

6<sup>th</sup>-8<sup>th</sup> grade Mini Mission Day Feb 18th 9:00am-5:00pm Mass 5:00-6:00

Destination: St. James then Various Service Sites

Method of Transportation: Students will depart in cars to service sites Participation Cost: \$5

### II. Participant Information

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

Gender: \_\_\_\_\_ age: \_\_\_\_\_ grade: \_\_\_\_\_

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

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

Other Contacts in case of emergency:

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

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

### II. 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.

### III. 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 may be 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/Drive this event? \_\_\_\_\_ How many seats \_\_\_\_\_ email \_\_\_\_\_

phone \_\_\_\_\_