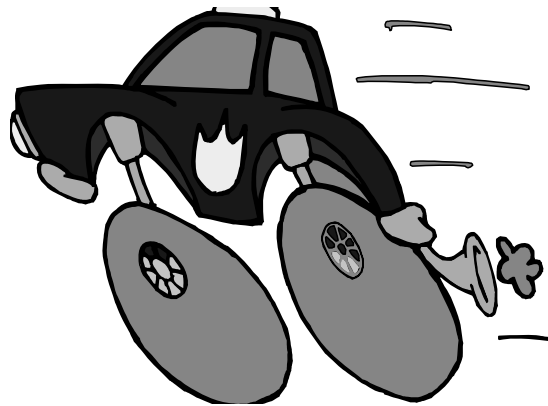


JRYM

Fast Food Progressive Dinner

Sunday August 8th 3:00pm until 5:00pm



We'll be carpooling, so WE WILL NEED DRIVERS.

**PLEASE FILL OUT AND BRING THE ATTACHED FORM
WITH ENOUGH MONEY TO GET WHAT YOU WANT AT THREE OF
MADISON'S FINESEST AND FASTEST RESTARAUNTS.**



[] YES I CAN DRIVE!

Total Number of Passengers: ____

**Diocese of Birmingham in Alabama
Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: _____ Sex _____ Birth Date: _____

Parent(s): _____ E-Mail: _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cel-Phone: _____

- I, _____ grant permission for my child (name of Child): _____ to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees from St. John's Catholic Church, Madison, Alabama. A brief description of the activity follows:

Date of event/activity: _____ August 8, 2010

Type of event/activity: _____ JRYM Fast Food Progressive Dinner

Destination of event/activity: _____ Around Madison City

Individual in charge of and responsible: _____ Greg Thompson

Estimated time of departure and return: _____ 3:00pm – 5:00pm

Mode of transportation to and from event: _____ Volunteer Vehicles

- *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.*
- *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 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.*
- *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. 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.*

Required

Name: _____ Relationship: _____

Emergency Phone: _____

Signature of Parent: _____ Date: _____

(YOU MUST FILL OUT THE INFORMATION ON THE NEXT PAGE AS WELL!)

MEDICAL INFORMATION

Required

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contact Number: _____

Name of Policy Holder: _____

- 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 is as follows:

Signature: _____ **Date:** _____

Optional

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

Signature: _____ **Date:** _____

OTHER INFORMATION

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 this dismissal will require that I provide and or incur any costs for their transportation home from the event.

Youth Signature



We need drivers to help transport our participants.

The Diocesan Youth Protection Policy requires that ALL adults who work with children/youth, and that includes volunteer drivers, are required to have completed the Diocesan Youth Protection Training Level I, fill out an “Application of Service” which authorizes a basic background check , and a complete a “Driver Form”, which establishes the driver requirements.

NO NEED TO FILL OUT THIS FORM IF YOU HAVE ALREADY TURNED ONE IN!

Form AS-1
To be kept on file at
local Parish/School

Diocese of Birmingham
Application for Service

Volunteer
 Parish Staff
 Catholic School Teacher/Staff

Parish Name OR School Name if enrolling for service in a Catholic School

Last Name First Name

Middle Name Name Suffix

Date of Birth Social Security Number

Preferred Phone Number Extension Sex

Home Address

City State Zip Code

Position applying for _____

Name and address of church you attend: _____

E-mail address

Character References (not immediate family)
 a. Name _____
 Phone () _____
 b. Name _____
 Phone () _____
 c. Name _____
 Phone () _____

Previous Residences (for the last 5 years)

City	State
_____	_____
_____	_____
_____	_____

- Do you use illegal drugs..... yes no
- Have you ever been convicted of a criminal offense?
..... yes no
- Have you ever been charged with child abuse or neglect?
..... yes no
- Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of minors? yes no
- Explain any "yes" answers:

I understand that:
 1. The information I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me, or by conducting criminal background checks. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Diocese of Birmingham in Alabama and its institutions, staff and volunteers.
 2. In signing this application I affirm the information I have given herein is true and correct.

Signature of Applicant _____
 Date _____

NO NEED TO FILL OUT THIS FORM IF YOU HAVE ALREADY TURNED ONE IN!

Diocese of Birmingham in Alabama – Form DI-2
Driver Information

Print Clearly

Name _____ Phone _____

I understand and agree to the following rules concerning the transport of minors:

All drivers must:

- Be at least 21 years old
- Have a current and valid driver license (issued within the United State)
- Have completed and properly filed diocesan form AS-1, Application for Service
- Obey all applicable traffic laws
- Enforce a “non-smoking” policy inside the vehicle while transporting minors
- Abstain from the use of a cell phone or other communication device while operating the vehicle
- Abstain from alcohol or other substances which may impair judgment or the ability to safely operate the vehicle. Period of abstinence must include at least six hours before driving through time of arrival at final destination

All vehicles must:

- Be currently registered with a state
- Have an appropriate seat and seatbelt for each passenger
- Be in good operating condition with all safety equipment functioning properly
- Have vehicle liability insurance in the minimum of \$100,000 per person/\$300,000 per occurrence

I have not been convicted of driving under the influence or reckless driving during the past five years.

I give permission to the Diocese of Birmingham to secure a report on my past driving record. I understand that my personal information may be transmitted to an outside company or agency to get the report.

Signature _____ Date _____

Driver License Number _____ State of Issue _____

Date of Birth _____