

Darien Lake Trip  
Youth Participant Form and Liability Waiver

**Trip or Event:** Darien Lake

**Date of Event:** \_\_\_\_\_

**Name of Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Gender:**  Male  Female **Parish:** \_\_\_\_\_

**Name of Parent or Legal Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZipCode:** \_\_\_\_\_

**Parent Cell:** \_\_\_\_\_ **Youth Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Medical Matters & Emergency Medical Treatment:**

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to the chaperones of \_\_\_\_\_ to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number(s), contact:

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Family Health Plan Carrier:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Specific Medical Information:**

**Allergic reactions (medications, plants, insects, etc):** \_\_\_\_\_

**Specific Food Allergies:** \_\_\_\_\_

**Immunizations:** date of last tetanus/diphtheria immunization: \_\_\_\_\_

**Medications child currently takes:** \_\_\_\_\_

**Any Physical limitations?** \_\_\_\_\_

**Guidelines**

I agree that my child shall abide by all rules and regulations as outlined by the **personnel of the event**.

I agree that if my child fails to abide by these rules and regulations that my child can be immediately dismissed from the program and sent home immediately at my expense. Being found with any alcoholic beverage or drugs is cause for automatic dismissal from the event.

The parish assumes that I have full legal custody of the participant. If this is not the case, it is the responsibility of the parent to provide the youth minister/group leader a copy of only the portion of the most current divorce decree or separation agreement that outlines custody arrangements.

Parents/legal guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese of Syracuse and participating parishes. (Participants would not be identified, without specific written consent.). Parents/legal guardians who do not wish their child to be photographed or filmed should notify their group leader in writing. Please note the Diocese of Syracuse and parishes have no control over the use of photographs or film taken by private individuals or the media that may be covering the event in which your child participates.

I understand and agree to the rules and regulations governing this event, and I have conveyed this information to my child.

I grant permission for my child \_\_\_\_\_ to participate in \_\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_