

# ST. AMBROSE WEEKEND WORKCAMP

**parent/guardian cell #** ( ) -

As the parent/legal guardian of \_\_\_\_\_ permission is hereby given for my child to participate in **Weekend WorkCamp** w/ St. Ambrose Youth Ministry: at St. Ambrose Church and at sites within the parish boundaries. The meeting time will be on the 2<sup>nd</sup> Saturday of each month unless otherwise posted. Weekend WorkCamp check-in (required of all parents) will be at St. Ambrose Parish Hall at **8:45am in time to sign in** and attend **Mass at 9am**(time) and the **pickup time will be 12:30pm** at St. Ambrose Parish hall. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. **I further give my consent to** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. **Also, I authorize St. Ambrose Church and the Diocese of Arlington** to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing. I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Safety: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

