Name:_____Grade:_____

Date of Birth:_____ T-shirt Size: _____

Address:_____

If you have a phone Your Contact #_____

Please list any event, activity, or project you would like to see offered or sponsored:

_____

_____

_____

Parental Consent Information:

I,_____, request and give permission for my son/daughter,

_____, to participate in the 2025-26 TGC Youth Group & High School events /programs at St. Francis Xavier Catholic Church, Burlington, Kansas. In consideration for permitting my child to participate in this event, I agree on behalf of my child and myself, our heirs, assigns, executors and personal representatives to release and hold harmless the youth ministers, assistants, coordinators, chaperones and volunteers from St. Francis Xavier Catholic Church, Burlington, Kansas; St. Joseph, Waverly; St. Teresa, Westphalia and St. Patrick, Emerald; Knights of Columbus Council #1052 (Westphalia and Emerald); Knights of Columbus Council #6055 (Burlington and Waverly); the Coordinators for Prairie Star Ranch and the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, sponsors, aides, chaperones and official representatives from any and all liability, claims, loss or damages arising from or in connection with my child's participation in this event.

In the event of sickness or accident, the adults supervising the event have my permission to secure medical care for my child. I hereby release the youth ministers, assistants, coordinators, chaperones and volunteers from St. Francis Xavier Catholic Church, Burlington, Kansas; St. Joseph, Waverly; St. Teresa, Westphalia and St. Patrick, Emerald; Knights of Columbus Council #1052 (Westphalia and Emerald); Knights of Columbus Council #6055 (Burlington and Waverly); the Coordinators for Prairie Star Ranch and the Roman Catholic Archdiocese of Kansas City in Kansas, their officers, directors, agents, employees, sponsors, aides, chaperones and official representatives and all others connected with the event from any and all claims arising out of or from any accident or other occurrence, causing injury to any person or property during this event.

I also understand that in the event my child is dismissed from any event for any reason, I am responsible for his/her transportation home. I hereby warrant that, to the best of my knowledge, my child is in good health, and I assume all responsibility for his/her health.

Parent / Guardian Printed Name:_____

Parent/ Guardian Signature:_____Date:_____

Emergency Contact Information:

In case of an Emergency contact: _____

Phone Contact Number:_____

Secondary Emergency contact: _____

Phone Contact Number:_____

Allergies known (including food): _____

Medications being taken at this time:_____

My child may be given OTC medications such as Tylenol, Advil, Tums/Rolaids, Pepto Bismol, After Bite Sting Medication, etc.: _____ Yes _____ No

Parent / Grandparent Contact Information:

Name:_____

Phone Contact :_____ Email:_____

Name:_____

Phone Contact :_____ Email:_____

Would you be interested in helping with any of the following:

____ Adult Core Member – helping regularly with preparations for events, chaperoning, group projects, attending adult enrichments, helping with class discussions, etc. T-shirt is provided for Core Members, please list size _____

____ Volunteer – helping at a specific event "once in a while"

____ Transportation Helper - helping drive to events if we don't have enough Core Members

____ Sponsoring snacks

____ Purchasing a Group T-shirt - Size: _____ Cost is $10.00 per shirt

Please list any event, activity, or project you would like to see offered or sponsored for the youth:

_____

_____

_____