



*Ours is the spirit of the Eucharist – the Total Gift of Self  
Nuestro es el espíritu de la Eucaristía – El Regalo Total de Darse uno Mismo*

**Office use only**

Paid: \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Card \_\_\_\_\_  
Cash \_\_\_\_\_

Received by:

**Summer Youth Day 2021**  
**For Youth from 10 to 17 years old.**  
**Wednesdays from 9 AM to 2 PM.**

**TUITION PER DAY: \$35**

**Payment is required at time of registration.**

**Camper/ Campista:**

Name and Last name/ Nombre y Apellido: \_\_\_\_\_ Date of Birth/ Fecha de Nacimiento : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age/Edad : \_\_\_\_\_

Grade/Grado (2020-2021 School Year) \_\_\_\_\_

Shirt Size (circle one)

*(One shirt is included in day price, any additional will be \$10)*

**Adult:** XS S M L XL

**Parent or Guardian/ Padre o Representante:**

Name & Last name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Home Address/ Direccion:

Home phone/ Telefono de casa:  
(\_\_\_\_) \_\_\_\_\_

Emergency Contact/:  
Name & Number:

Cell phone/ Celular:  
(\_\_\_\_) \_\_\_\_\_

**Any physical, medical or learning conditions we should be aware of, please indicate below:**

**Circle which weeks your child will participate in:**

**Week 1**

June 16

**Week 2**

June 23

**Week 3**

June 30

**Week 4**

July 7

**Week 5**

July 14

**Week 6**

July 22

**Week 7**

July 28

Signature/ Firma:

Date/Fecha:

*If you have any questions feel free to contact St. Katharine Drexel Church at 954-389-5003 or e-mail  
skdrexelyouthministry@gmail.com*

**Office use only:**

**Saint Katharine Drexel Youth Ministry Emergency Information Form**

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Num: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Num: \_\_\_\_\_

**Emergency Contact (Other than Parents)**

Name: \_\_\_\_\_

Phone Num: \_\_\_\_\_

**Participant Information Insurance:**

Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**Allergies:**

Food Allergies: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please specify: \_\_\_\_\_ Medication  
used and doses: \_\_\_\_\_

Medication Allergies: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please specify: \_\_\_\_\_ Medication  
used and doses: \_\_\_\_\_

Other Allergies: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please specify: \_\_\_\_\_ Medication  
used and doses: \_\_\_\_\_

**Note: Please provide the amount of medication needed in the prescription bottle.**

**Medications and other information:**

Any Health Condition that we need to be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES please specify: \_\_\_\_\_ Medication  
used and doses: \_\_\_\_\_

What medication the parents prefer for Headaches?

a. Tylenol \_\_\_\_\_

Doses: \_\_\_\_\_

b. Motrin \_\_\_\_\_

Doses: \_\_\_\_\_

c. Advil \_\_\_\_\_

Doses: \_\_\_\_\_

d. Other \_\_\_\_\_ Doses: \_\_\_\_\_

I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in the 2021 Summer Youth Day.

I hereby freely and voluntarily consent to participation in the Event described above. I, the undersigned, in the Event described above, do waive and release St. Katharine Drexel Catholic Church, the Archdiocese of Miami, Inc., and all their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsors") from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsors and agree to indemnify them regarding any financial obligations incurred by the acts or omissions of my son/daughter.

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_