



*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: _____