

Help deliver the Angel Tree Gifts
to a Day Care Center
in Watsonville
Watch the children as they open
their presents



It's something you don't want to miss



December 14th Friday

3:30pm— 5:30pm

Fairgrounds Child Development
Center

2667 East Lake Ave.

Watsonville

Santa Cruz County Fairgrounds
at the livestock, pit entrance.

Be at Resurrection by 3:30pm. We will drive to the Day Care Center. If you are already in the Watsonville area and want to be dropped off and picked up, let Deborah know this in advance.

Everyone going needs to have filled out all necessary forms.

We do need parents to help drive us there and back.

(must have driver form on file)

Please call my office by Tuesday December 11th to let me know you are coming. I need to know in order to have enough drivers.

Contact Deborah: 688-4300 ext.22

**DIOCESE OF MONTEREY
PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM
FOR PARISH/SCHOOL ACTIVITY/EVENT**

To the Parent/legal guardian: This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the DIOCESE OF MONTEREY PARISH & SCHOOL OPERATING CORPORATION, also known as the DIOCESE OF MONTEREY, which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event: Deliver Angel Tree Gifts to a Day Care Center in Watsonville

Starting Date: Friday December 14th 3:30 pm – 5:30 pm 2018

Mode of Transportation: Carpool in cars from church parking lot

I, _____ (name of parent or legal guardian) parent or legal guardian of

_____ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: _____ Date: _____

Please provide the following:

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Child's Name: _____

Date of Birth: _____ Male Female

Allergies (foods, drugs, insects, etc.) _____

Medications (name, dosage, reason) _____

Other information (injuries) or special health/physical conditions: _____

Insurance Information:
Insurance Carrier (Dependent Coverage): _____

Name of Policy Holder: _____ Policy Number: _____

Persons Authorized to Pick-Up Children:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

Person(s) to notify in case of an emergency:

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Name: _____

Day Phone Number(s) _____ Evening Phone Number(s) _____

Child/ren's Doctor: _____ Phone Number: _____

Child/ren's Dentist: _____ Phone Number: _____

CODE OF CONDUCT: PARTICIPANTS

In order to participate in youth activities sponsored by the Diocese of Monterey, Participants and their Parents/Guardians agree as follows.

Participants agree:

1. I will politely obey the requests and directions of the adult leaders.
2. I will stay with my assigned group or buddy at all times.
3. I will participate in the approved activity at all times.
4. I will dress appropriately at all times.
5. On overnight trips, I will stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day or as otherwise directed by adult leaders.
6. I will be on time to activities and will observe all check in rules.
7. I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.
8. I will not participate in hazing, teasing, or other similar activities.
9. I will not engage in any illegal activity including:
 - Smoking or possessing tobacco in any form
 - Possessing or use drugs (Note: Prescription drug use must be disclosed to the adult leaders)
 - Gambling
 - Possessing any weapon

I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

Signature

Deliver Angel Tree Gifts to Day Care Center

Event

Print Name

Friday December 14th 2018

Date

This information is provided as a guideline to help Parishes, Schools and Ministries provide a safe environment. It should be used in conjunction with good judgment and is not a guarantee of anyone's personal safety.

AGREEMENT: NON-PARTICIPATING PARENTS/GUARDIANS

1. I will immediately and at my own cost retrieve my child from this activity if my child does not comply with this Code of Conduct to the satisfaction of the adult leaders.
2. I have reviewed the Code of Conduct: Participants with my child(ren). He or she understands the Code of Conduct and has promised to comply with it.
3. During the event, I can be reached as follows:
 - a. Home: _____
 - b. Work: _____
 - c. Cell: _____
 - d. Other: _____

Signature of Parent/Guardian

Print Name

Name of Child(ren)

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Event