

**YOUTH PARTICIPANT FORM DIOCESE OF DAVENPORT
MEDICAL PERMISSION LIABILITY WAIVER PHOTO RELEASE**



Parish: _____ Parish Town: _____

Participant Name: _____ Date of Birth: _____ Gender: _____

Street Address: _____ Participant Cell: _____

City: _____ State: _____ Zip: _____

Parent/Guardian/s Name/s: _____

A) Parent/Guardian/Emergency Contact:

Name: _____ Relationship to Participant: _____

(Include area code) Cell: _____ Alt. Phone: _____

B) If "A" unavailable, Alternate Emergency Contact:

Name: _____ Relationship to Participant: _____

(Include area code) Cell: _____ Alt. Phone: _____

Insurance Insurance Company: _____ Plan Number: _____

Member ID: _____ Group Number: _____ Policy Holder: _____

Health Food allergies (type and severity): _____

Dietary restrictions: _____

Mobility or Activity limitations: _____

Please note any other allergies, health or behavioral difficulties of which leaders should be aware: _____

Medications My child is taking (list dosage and frequency for each medication): _____

If needed, my child may be given (check each approved): ☐ Acetaminophen (Tylenol®) ☐ Ibuprofen ☐ Antacid (Tums®)

☐ Bismuth subsalicylate (Pepto-Bismol®) ☐ Diphenhydramine (Benadryl®) ☐ Dimenhydrinate (Dramamine®) ☐ Aspirin

Permission & Liability Waiver I (parent/guardian named above) grant permission for my child (participant named above) to participate in the **Diocese of Davenport Pilgrimage to NCYC 2025 in Indianapolis, IN**. Departure date is November 20 and the return date is November 23, 2025. Lodging is at the Indianapolis Marriott East Hotel, 7202 East 21st St., Indianapolis IN. Transportation is arranged by the Diocese. This activity will take place under the guidance and direction of employees/volunteers from the Diocese of Davenport and employees/volunteers from my parish named above.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). For value received, I agree to hold harmless and defend the Diocese of Davenport, its employees and agents, chaperones, or representatives associated with the event, and my parish named above, its officers, directors, employees and agents, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese of Davenport, its employees and agents and chaperones, or representatives, or my parish named above, its officers, directors and agents, and representatives associated with the event, for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

In the event of an emergency, I hereby give permission to the adults supervising this activity to secure proper and adequate treatment for my child named above, including hospitalization, injection, anesthesia or surgery. I accept responsibility for all medical/surgical treatment charges which may be incurred.

Photo Release I hereby grant permission for images taken of my child at this event to appear on one or more of the communication mediums of the Diocese of Davenport (e.g., The Messenger, diocesan websites or social media) or of my parish. I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Director of Faith Formation, 780 West Central Park Ave., Davenport, IA 52804, that must arrive at stated address by November 3, 2025.)

Permission to Contact Participant via Text Message I hereby grant permission for the diocesan NCYC team to contact my child via text message for NCYC-related important announcements and/or emergencies, including preparation before and follow-up after NCYC, for the period of November 12 through November 26, 2025. My permission will not extend beyond these dates. I will also instruct my child to not block these messages in any way. (NOTE: If you do not grant permission, you must indicate such in a written letter to the Director of Faith Formation, 780 West Central Park Ave., Davenport, IA 52804, that must arrive at stated address by November 3, 2025.)

Parent/Guardian signature: _____ **Date:** _____