



Calling all St. Bernadette Youth
(5th – 12th grade)

Volleyball Fun

*“Call Out” for all 5th – 12th grade St. Bernadette Youth
Would you like to play / learn how to play volleyball?*



Beginning **Thursday, January 17th** @ 6:30 p.m. and **each 1st & 3rd Thursday of each month from 6:30 – 8 p.m.**, our youth are invited to come out for some Volleyball Fun. Our coaches* will teach basics and organize games. Join in the volleyball fun!

Each student must submit a completed Parent Permission & Medical Release form to participate (*see attached*).

PLEASE NOTE:

Any adult / parent who would like to help with volleyball practices must be Safe Environment trained and provide an up-to-date certificate and a completed Volunteer Ministry Application, as per diocesan guidelines, before beginning as a youth ministry volunteer.

***St. Bernadette Teen Volleyball Coaches: Amanda Rodriguez, Holly Dryden, & John Fos**





ST. BERNADETTE CHURCH
Youth Ministry – Volleyball
 409 Funderburk Ave., Houma, LA 70364
 Office (985) 879-1506 Fax (985) 876-9654

PARENT PERMISSION and MEDICAL RELEASE

Youth Name _____ Date of Birth ___/___/___ Parent's Phone# _____

Complete Home Address _____

Dear Parent or Legal guardian,
 Your daughter/son is eligible to participate in a church sponsored youth activity. This activity will take place under the guidance and supervision of Parish Youth Ministry adult personnel. A brief description of the activity follows.

NAME OF EVENT: Volleyball Practices **LOCATION:** Practice - St. Bernadette Gym

DESIGNATED SUPERVISOR OF ACTIVITY: Amanda Rodriguez, Holly Dryden, & John Fos

DATE & TIME OF EVENTS: Practices on Thurs. beginning January 17, 2019. Time: 6:30-pm to 8pm.

If you would like your daughter/son to participate in this activity, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named youth.

I hereby consent to participation by my daughter/son in the event described above.

Parent/Guardian's Name _____ **Relationship to Youth** _____
 (Print)

Parent/Guardian's Signature _____

MEDICAL RELEASE: I hereby give permission for my child to be administered medical help by a licensed physician in case of an emergency. Please list TWO (2) Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

___I do NOT have medical insurance for my son / daughter ___I DO have medical insurance for my son / daughter.

If you do have medical insurance, please indicate the following:

Family Doctor: _____ Area Code and Phone Number: _____

Company/Policy Name: _____ Policy Number: _____

Does your child have any drug allergies or medical conditions that we should be aware of?
 ___NO ___YES If yes, please specify _____

Parent or Guardian Signature _____ **Date** _____