

COMMUNITY OF GOD'S LOVE (COGL)

PARENTAL PERMISSION & LIABILITY WAIVER

Personal Information (per Diocesan policy this sheet MUST be filled out for EACH teen):

Last Name: _____ First Name: _____ Grade: _____

Address: _____ Date of Birth: ____/____/____ Age: _____

Phone: (____) _____

Parents email: _____ Teens email: _____

Group Name Community of God's Love; Hearts of Fire Date(s) Sept. 1, 2015 – Aug. 31, 2016

Event: Hearts of Fire regularly scheduled meetings; one Friday evening and the second Sunday of the month.

Location: *The Community Building or TBA.*

Event: Christmas party, picnics, and other annually planned events.

Location: *Location as determined by Leadership Team.*

Event: Overnight retreats, including HOF annual retreat & peer leadership retreat.

Location: *Franciscan University, Gilmary Retreat Center, and other locations TBA.*

Event: Hearts of Fire group fundraising activities.

Location: *Community Building, various local retail locations.*

Adult Group Leaders: *Joanie Recznik, Joe and Sarah Buttle, Bernadette Recznik, Shawn and Joan Scott, Jim and Diane Hostetler, Mark Vaudrain, and other adults trained in accordance with the Diocese of Steubenville Youth Protection Policy.*

Parental Permission and Liability Waiver

I have read and agree to the Parental Permission and Liability Waiver, as well as the Addendum. As Parent/Legal Guardian, I understand that I remain fully liable for any acts of the named minor. I also release and agree to indemnify and defend and hold harmless the Diocese of Steubenville, the Community of God's Love, its members and affiliates. I hereby consent to my child's participation in ALL of the above-mentioned COGL events EXCEPT (please specify or write "not applicable"):

Parent/Guardian Name: _____ Relationship to Minor: _____

Signature _____ Phone: (____) _____

Person to Notify in the event of an emergency:

Name _____ Phone: (____) _____

Emergency Information:

Allergies: _____

Medication name & dosage: _____

Physician _____ Phone: (____) _____

Pertinent Medical Conditions: _____

ADDENDUM

Important Information for all Hearts of Fire (HOF) Teens and Parents:

HOF Membership requires (1) completing the required **Parental Permission and Liability Waiver** (2) pay the annual dues of \$20 per child/\$50 per family maximum, and (3) regular attendance at HOF meetings. Thus, it is important for HOF teens to sign in at the meetings!

Regular Meetings: Monthly HOF Sunday meetings (second Sunday of the month), and one monthly Friday night HOF gathering as scheduled.

You must be a HOF member to participate in special events such as the High School Youth Conference, the annual HOF Retreat, and other events of this type. Participation in special events by teens living outside of the Steubenville area will be reviewed and decided on a case by case basis by the HOF Adult Leaders.

PLEASE respect our deadlines and due dates. A tremendous amount of effort and planning by Adult Leaders goes into every HOF meeting and event. Late forms and payments may not be accepted unless you can prove extraordinary circumstances.

Email is the primary form of communication for HOF. Please read the entire email, and any attachments, and make a timely reply if requested.