FOR YOUR RECORDS-
Youth Day LA 2020 // Anaheim Convention Center

<table>
<thead>
<tr>
<th>Date of Event</th>
<th>February 20th, 2020 // 5:30am - 5pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>$60, plus spending money</td>
</tr>
<tr>
<td>Transportation</td>
<td>Charter Bus from St. Lawrence</td>
</tr>
<tr>
<td>Due dates</td>
<td>All Forms Due by January 30th, 2020</td>
</tr>
<tr>
<td>Location</td>
<td>Anaheim Convention Center // 800 W. Katella Ave, Anaheim, CA 92802</td>
</tr>
</tbody>
</table>

Description of Event

Teens are encouraged to pack a sack lunch and bring a backpack to carry it. While they may purchase lunch through vendors, lines are long and time is limited. A substantial meal is about $15. Snack foods (pretzels, churros, etc) are available for purchase for $7. Please take this into consideration as you plan for the event. There are limited opportunities to purchase items from vendors.

Dress Code

As you plan your outfit for the day, keep in mind that it becomes cold quickly after dark—consider dressing warmly or in layers. If deciding to dress in shorts or leggings, adhere to the dress code below.

**NO**

- No Short shorts, overly ripped shorts, tank tops, crop tops, deep camisoles.
- **Women’s Shorts Inseam Length:** 4 in. or less
- **Men’s Shorts inseam Length:** 5 in. or less
- If wearing leggings, accompanying top must cover bottoms

**YES**

- T-shirts, jeans, pants, shirts, capris, shorts of appropriate inseam length
- **Women’s Shorts Inseam Length:** 5 in. or more
- **Men’s Shorts Inseam Length:** 7 in. or more
STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity (“Location”): St. Lawrence Martyr, Redondo Beach CA

Place and Date of Event/Trip: Youth Day LA // Anaheim Convention Center

Activity: Field Trip ☐ Retreat ☐ Other (specify) ☑ Archdiocesan Event ☑ Purpose: To expose youth to diocesan spirituality.

Description of Activity: February 20th, 2020 // 5:30am-5pm See Attached:_____

Mode of Transportation: Charter Bus Total Field Trip Cost $ ____ $60

Teacher/Adult Leader: Katy Dagampat & Kacie Riordan Attire: See attachment

Minor’s Name: ____________________________________________________________

Address: ________________________________________________________________

Date of Birth: _______________ Male ☐ Female ☐ Grade __

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity. My son/daughter has the following medical needs, allergies or dietary restrictions __________________________

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the Medication Authorization and Permission Form, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child’s medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

_________________________________________ Date ____________________________

Parent/Guardian __________________________ Home Phone ________________

Cell Phone ____________________________ Work Phone _______________________

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: ____________________________ Phone: ____________________________

Health Insurance Company: ____________________________ Policy No.: ____________

To be filled in by Location

To be filled in by parent/guardian
MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: St. Lawrence Martyr, Redondo Beach CA

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

<table>
<thead>
<tr>
<th>Last Name of Minor</th>
<th>First Name</th>
<th>Sex</th>
<th>Birth Date</th>
</tr>
</thead>
</table>

Name of Medication: ____________________________________________________________

A. Physician’s Instructions. (Complete where applicable)

<table>
<thead>
<tr>
<th>Purpose of Medication or Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage Prescribed</td>
</tr>
<tr>
<td>Please notify this office if patient misses medication</td>
</tr>
<tr>
<td>Medication may have adverse effects (explain)</td>
</tr>
<tr>
<td>Special instructions and/or comments:</td>
</tr>
</tbody>
</table>

Print Name of Licensed Physician

Signature of Licensed Physician

Date

Physician Address and Phone Number

B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter’s self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location’s policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: ___________________________ Emergency phone number: __________

Parent/Guardian Signature: ___________________________ Date: ______________

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PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR  
(NONCOMMERCIAL)

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity (“Location”):

Name of Location: St. Lawrence Martyr, Redondo Beach, CA

The Location intends to use your child’s image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:
Youth Day LA 2020 – St. Lawrence High School Confirmation / Youth Ministry field trip participating in Archdiocesan events

Duration of Release: September 2019 – September 2020

This section to be completed by Parent/Guardian:

I, ___________________________, am the parent/guardian of ___________________________, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: [ ] yes [ ] no  Voice: [ ] yes [ ] no  Name: [ ] yes [ ] no  Work: [ ] yes [ ] no

I understand and agree that my child’s image, voice, name and/or work (“Personal Information”) relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child’s Personal Information may be copied, edited and distributed by the Location in publications,catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (“Materials”).

The Location may use the Personal Information at its sole discretion, with or without my child’s name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.
I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: ___________________________ Date: __________________________

Print Name: __________________________ Relationship to Child: __________________________

Address: __________________________

Telephone: __________________________ Cellphone: __________________________

Email: __________________________

Name of Child: __________________________ Age: __________________________