PERMISSION TO PARTICIPATE IN ACTIVITIES
RC ACTIVITES, INC.
Mail the original form to Fr. Chad Everts, LC 3202 Wildcandle Dr Houston, TX 77388

1. **CHILD'S NAME: _____CHILD'S BIRTHDATE: _____GRADE IN SCHOOL: _____**

2. **NATURE AND DURATION OF ACTIVITIES:** ECYD boys ski retreat from Jan 17-19, 2026 at Sky Lodge Christian Camp in Montello, WI. Activities include (but not limited to): recreation and outdoor sports and games, indoor sports and games in the gymnasium, formation and virtue talks, daily prayer and Mass, sleeping overnight in a dormitory.

3. **ACTIVITY SUPERVISOR(S):** Fr. Chad Everts, LC

4. **TRANSPORTATION**: Not Applicable. Participants are responsible for securing their own transportation to and from activities, as the company does not provide transportation.

5. **MENTORING:** Participants may be offered mentoring, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Mentoring involves a one-on-one conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).

6. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 10 below.

7. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above including mentoring, and specifically request that he/she be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to his/her participation in the activities described on this form, and all provisions contained herein.

8. **AUTHORIZATION:** I/We hereby authorize RC Activities, Inc. to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by RC Activities, Inc. in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of RC Activities, Inc., or its successor in operation or affiliated organization(s) upon written consent of RC Activities, Inc. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

9. **INSURANCE:** I/We understand that RC Activities, Inc. does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

10. **EMERGENCIES**: If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below::

    Blood Type: _____ Allergies / Medical Problems: _____

    _____

11. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

    Parents/ Guardians Contact Information

    Name: _____ Email: _____

    Address: _____

    Home Phone: _____ Alternate Phone: _____

    Name: _____ Email: _____

    Address: _____

    Home Phone: _____ Alternate Phone: _____

Alternative Emergency Contact Information

Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

Name: _____ Relation: _____

Home Phone: _____ Alternate Phone: _____

12. I give permission for Event Supervisor(s) and Club Leader(s) to communicate with my child using text messaging and/or email regarding the details of the Activity / Program *(Only participants 15 years old and older*).

_____ _____

Name Parent / Guardian (printed) Name Parent / Guardian (signature)

Child's email address: _____ Child's Cell Phone number: _____

I would like to be copied on all emails and text messages to my child. _____ YES _____ NO

Parent / Guardian email address: _____ Parent / Guardian Cell Phone number: _____

I do not wish to have my child contacted: _____

Parent / Guardian Signature

13. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse RC Activities, Inc., RC Federation, Inc., and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers, and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by RC Activities, Inc., RC Federation, Inc. and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein.

DATE: _____

_____ _____

Parent / Guardian Name Parent / Guardian *Signature*

_____ _____

Parent / Guardian Name Parent / Guardian *Signature*