

**St. Joachim's Youth Ministry**  
**SATURDAY, SEPTEMBER 14, 2019**  
**SIX FLAGS DISCOVERY KINGDOM, VALLEJO, CA**  
**Itinerary/Agenda**

**4:30 am** - Be at the church parking lot – **NO WAKE UP CALLS!!**

**4:45 am** - bus leaves promptly

**6:00 am** - Bus will stop at for a 15-minute break.

**6:15 am** – Back on the road

**7:00 am** - Parking Opens and Tram Service starts

**7:00 am - 12:00pm** – Activities between these times will depend on the schedule of the day

**12:00 pm** - Lunch

**1:00 pm – 7:00pm** - Activities between these times will depend on the schedule of the day

**7:00 pm** - Park Closes to General Public

**7:00 pm - 9:00 pm** - Exclusive Ride Time for ON FIRE ticket holders

**9:00 pm.** – Meet at front entrance

**9:15 pm.** – Back on the road.

**10:30 pm.** – Stop for 15 min break

**12:00-1:00 am.** – Back in Madera

- **Cell Phones:** Cell phones are allowed. You should be able to reach your teen. However, they must be turned off while in session. Any personal belongings are their responsibility. **Youth Leaders and St. Joachim's will not be responsible for any lost or stolen items.**

All participants must remain with their group at all times. Candidates who don't follow the code of conduct will not receive credit for participating in this event.

Candidates must wear confirmation shirt!

¡Candidatos deberán usar su camisa de confirmación!

Lunch is included but you are responsible for breakfast and dinner.



**Due by 9/6/19**

**Plazo 9/6/19**

**“On Fire NorCal Jam”  
St. Joachim's Youth Ministry  
401 W. 5<sup>th</sup> St. ~ Madera, CA 93637  
(559) 674-9069**



Registration Form  
Forma de Inscripción

\$115.00 (Includes Transportation, park entrance, lunch, retreat) Non-Refundable

\$115.00 (Incluye transporte, entrada al parque, almuerzo, retiro) No reembolsable

Name: \_\_\_\_\_ Candidate's Cell # \_\_\_\_\_  
*Nombre:* \_\_\_\_\_ *Num. Cel de Candidato*  
 Address: \_\_\_\_\_  
*Domicilio:*  
 City: \_\_\_\_\_ State: CA Zona Postal: \_\_\_\_\_  
*Ciudad:* \_\_\_\_\_ *Estado:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Telefono:* \_\_\_\_\_ *Fecha de Nacimiento:*

Get ready to be set **ON FIRE** at the **NorCal Jam** on **Saturday, September 14, 2019** at **Six Flags Discovery Kingdom** in **Vallejo**. We will leave from the parish parking lot at 4:45am and be back around 1:00am the following day.

El paseo sera el ONFIRE NorCal Jam sera el sabado 14 de septiembre, 2019 en Six Flags Discovery Kingdom en Vallejo. Saldremos del estacionamiento de la parroquia a las 4:45am y regresaremos ahí mismos alrededor de la 1:00 de la mañana al día siguiente.

\_\_\_\_\_  
Participant's Signature  
*Firma de Participante*

\_\_\_\_\_  
Date  
*Fecha*

\_\_\_\_\_  
Parent or Legal Guardian's Signature  
*Firma de Padre o Tutor*

\_\_\_\_\_  
Date  
*Fecha*

Your participation on this trip is purely voluntary. If your child is a minor you will have to sign this consent form, a Code of Conduct and an Emergency Medical Treatment Form provided on the back of this registration form.

*Su participación en esta caminata es voluntaria. Si su hijo/a es menor de 18 años tendrá que firmar una forma de consentimiento, la forma para recibir tratamiento medico en caso de emergencia, y el contrato de conducta.*

**Recommendations - Sugerencias**

- **Bring breakfast or money to purchase it.**
- **Dress appropriately**
- **Traer desayuno o dinero para comprarla**
- **Vestir modestamente**



# EVENT - PHOTOGRAPHY RELEASE AUTHORIZATION

# PR Release

## Release for Diocesan Production for the Diocese of Fresno (DOF) and all Entities for the Diocese of Fresno (DOF)

Parents / Guardians: This form must be completed in order for your child to participate in this event or function. Please respond accordingly to the authorized use of your child's photograph or video image in a DOF produced public-relations document.

NAME OF PARISH OR SCHOOL	NAME OF GROUP
NAME OF EVENT	DATE OF EVENT

### **PARTICIPANT AGREEMENT:**

I hereby grant the Diocese of Fresno and its entities (hereinafter called Producer), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, or successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me to conspicuous ridicule, scandal, reproach, scorn and indignity.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
ADDRESS	
TELEPHONE	EMAIL

### **PARENT / GUARDIAN AUTHORIZATION FOR A MINOR**

If the participant is under 18 years of age, the parent or legal guardian of the above participant must provide the following information and must check one of the following and sign.

- As the parent and/or legal guardian of the above named participant, **I do hereby consent and grant my permission** to all of the foregoing.
- As the parent and/or legal guardian of the above named participant, **I do not give my consent** for my child to be photographed, but I understand that it will be the responsibility of the participant to make every effort possible from participating in any posed pictures. If a picture or pictures are inadvertently taken, then I agree to review the photographs or video within the given time frame in order to identify my child to avoid any reproduction or usage of that image and/or images.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
SIGNATURE OF WITNESS	DATE

## Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement for Participants under the age of 18 and Non Participating Parents or Guardians

NAME OF PARISH OR SCHOOL	NAME OF GROUP
NAME OF EVENT	DATE OF EVENT

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

### **PARTICIPANT AGREEMENT** (under the age of 18):

I agree to politely obey the requests and directions of the adult leaders.

I agree to stay with my assigned group or buddy at all times.

I agree to participate in the approved activities at all times.

I agree to dress appropriately at all times.

If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.

I agree to be on time to activities and will observe all check-in rules.

I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.

I agree not to participate in hazing, teasing, bullying, or similar activities.

I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.

As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
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### **PARENT / GUARDIAN AGREEMENT** (requires signature and all contact information)

I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.

If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

PRINT NAME OF PARENT / GUARDIAN	SIGNATURE OF PARENT / GUARDIAN
HOME PHONE NUMBER	WORK PHONE NUMBER
CELLULAR NUMBER	OTHER MEANS OF CONTACT

## Diocese of Fresno and all Entities of the Diocese of Fresno: Permission for a Minor to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment

Parent / Guardian: In order for your child to attend and/or participate in this specific event, activity , or sport listed on this form you must give your signed permission by completing this form. In addition to this form, you must also have on file at your Parish the PR22 Youth Annual Event Authorization.

<b>NAME OF PARISH OR SCHOOL</b>	<b>NAME OF GROUP</b>	
<b>NAME OF EVENT</b>	<b>DATE OF EVENT</b>	

### OFF CAMPUS FIELD TRIP INFORMATION

<b>DESTINATION OF FIELD TRIP</b>	<b>CITY / STATE LOCATION</b>	
<b>MODE OF TRANSPORTATION</b>	<b>FEE (IF APPLICABLE)</b>	<b>FORM MUST BE RETURNED BY</b>
<b>DEPARTURE DATE AND TIME</b>	<b>ESTIMATED RETURN DATE AND TIME</b>	

My child is physically fit and capable of participating in this activity and/or event. I have informed my child to follow the rules, guidelines, and instructions of the DOF Entity and its personnel, as well as the adult leadership of this activity. I understand that participation in this activity involves some risk (including any travel to and from this activity) and that unforeseen occurrences can arise. I am informed and agree that transportation, if involved, may be provided by volunteers, parents, private individuals, or commercial operators who are believed to be reliable and insured, but are not under the supervision or control of the Diocese.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against DOF. I release and discharge DOF from all liability or responsibility for death, illness, personal injury, or property damage arising out of this activity and any transportation involved with this activity.

This permission, waiver, release, and consent applies to the named DOF entity, including, but not limited to the parish; the Diocese of Fresno Education Corporation; the Roman Catholic Bishop of Fresno (a corporate sole); the Diocese of Fresno; other Fresno Diocesan Parishes and schools; affiliated organizations and officers; clergy; agents; and employees.

### PARTICIPANT AND PARENT/GUARDIAN AUTHORIZATION

As the parent and/or legal guardian of the named child, I give my permission and consent and agree to all of the foregoing. In the event of an emergency and if the DOF entity is unable to contact me, I authorize the DOF personal or other adult leadership of this event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. A copy or digital image of this form shall be valid as the original and may be given to the adult leader of the activity.

<b>PRINT NAME OF PARTICIPANT</b>	
<b>PRINT NAME OF PARENT / GUARDIAN</b>	
<b>SIGNATURE OF PARENT / GUARDIAN</b>	<b>DATE</b>
<b>HOME PHONE NUMBER</b>	
<b>CELLULAR NUMBER</b>	
<b>OTHER</b>	

<b>MEDICAL INFORMATION</b>	
<b>DOCTOR'S NAME OR MEDICAL GROUP</b>	
<b>DOCTOR'S TELEPHONE</b>	
<b>INSURANCE COMPANY</b>	
<b>INS. POLICY NUMBER</b>	
<input type="checkbox"/> No Family Physician Listed	
<b>DATE RECEIVED AND BY</b>	

# EVENT - ADULT AUTHORIZATION

# R21

## Diocese of Fresno (DOF) and all Entities of the Diocese of Fresno: Permission for an Adult to Participate in a DOF Activity, Release of Liability, and Consent for Emergency Medical Treatment.

TO THE ADULT PARTICIPANT: You must sign this form to attend and participate in any Parish/Diocese of Fresno-sponsored event, activity, or sport.

<b>YOUR NAME</b>	<b>PARISH NAME (IF APPLICABLE)</b>
<b>NAME OF ACTIVITY/EVENT</b>	<b>CALENDAR YEAR</b>

I am physically fit and capable of participation in this activity. I will follow the rules and instructions of the parish, parish personnel, diocesan personnel, or adult leadership of this activity. I understand that participation in the parish/diocesan sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the parish.

In exchange for participating in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I (and my successors, heirs, and assigns) may have against the Parish and Diocese of Fresno. I release and discharge the Parish and Diocese of Fresno from all liability or responsibility for death, illness, personal injury, or property damage arising out of the Parish activity and any transportation involved with the Parish/diocesan activity.

This permission, waiver, release, and consent applies to the Parish named, and to the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno parishes, all schools, affiliated organizations, and their officers, clergy, agents, and employees.

### Field Trip Information:

<b>DESTINATION OF FIELD TRIP:</b>	
<b>DEPARTURE DATE AND TIME:</b>	
<b>ESTIMATED RETURN DATE AND TIME:</b>	
<b>MODE OF TRANSPORTATION:</b>	<b>TRIP FEE (IF APPLICABLE):</b>

In the event of an emergency I authorize parish/diocesan personnel or other adult leadership of a parish/diocesan-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

<b>NAME OF PARTICIPANT:</b>	
<b>PHONE NUMBER DURING THE DAY (BEEPER/CELL PHONE)</b>	
<b>PHONE NUMBER DURING EVENING (BEEPER/CELL PHONE)</b>	
<b>SIGNATURE</b>	<b>DATE</b>
<b>OTHER</b>	

<b>DOCTOR S AND MEDICAL INFORMATAION</b>
<b>DOCTOR'S NAME OR MEDICAL GROUP</b>
<b>DOCTOR'S PHONE NUMBER</b>
<b>INSURANCE COMPANY</b>
<b>INSURANCE POLICY NUMBER</b>
<input type="checkbox"/> No Family Physician Listed
<b>DATE RECEIVED AND BY</b>