

Theology of the Body

TOB for Teens: Middle School Edition.

Specifically designed for 6th through 8th grades

July 10-14, 9:00-Noon

YOU: Life, Love, the Theology of the Body

For High School, for 9th through 12th grades.

July 10-13, 6:00 pm -9:00 pm

Name: _____ Grade (2017/2018 school year): _____

Name: _____ Grade (2017/2018 school year): _____

Name: _____ Grade (2017/2018 school year): _____

Name: _____ Grade (2017/2018 school year): _____

Parent Information

Name: _____

Phone: _____ Email: _____

_____ I **plan** attend Introduction to Theology of the Body for Adults during my child's sessions.

_____ I am interested in purchasing a parent guide to Theology of the Body.

Cost:

TOB Middle or High School Sessions \$15 x ____ = _____

TOB for Adults (includes workbook) \$15 x ____ = _____

TOB Parent Guide \$10 x ____ = _____

TOTAL: _____

**Shrine of St. Padre Pio Catholic Church
PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER**

I, _____ grant permission for my son/daughter,
_____ to participate in Theology of the Body at the Shrine of St. Padre Pio.

This activity will take place under the guidance and direction of parish employees and/or volunteers from Shrine of St. Padre Pio Catholic Church. I, also consent to the use by of any videotapes, photographs, slide, audiotapes, or any other visual or audio reproduction with which I may appear. I understand that these materials are being use for the promotion of Shrine of St. Padre Pio Catholic Church. Such promotional activities extend to recruitment, fund-raising, advocacy etc.

This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Padre Pio

As parent/legal guardian, I remain legally responsible for any personal action taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Shrine of St. Padre Pio Catholic Church its officers, directors, agents, and Archdiocese of San Antonio from any liability for illness, injury or death arising for or in connection with my son's/daughter's attending the above named event, I release the staff, volunteers, etc. from any liability connected with the use of my picture or voice recordings as a part of any of the above or similar activities, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

MEDICAL CONSENT AND PERMISSION TO TREAT

I am giving medical permission and consent to treat.

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

If you are unable to reach me, please contact:

Emergency Contact: _____

Relationship to me or my son/daughter: _____

Home Phone: _____ Cell Phone: _____

Please include a photocopy of your Insurance card, front and back. ONLY IF NOT ON FILE

Insurance Carrier: _____ Policy Number: _____

My son/daughter is allergic to the following: _____

My son/daughter has the following limitations: _____

Parent/Guardian Name (Print)

Signature

Date