

# Brooklyn Catholic Youth Day

## “IGNITE!”

Your child will be attending a youth conference: See Flyer for Details / Visit

<https://dioceseofbrooklyn.org/get-involved/youth-ministry/bcyd/>

**Date:** Saturday, March 30, 2019 **Time:** 7:00AM – 6:00PM

**Location:** 500 19th Street Brooklyn, NY 11215

**Cost:** TBD – **PLEASE BRING A METRO CARD**

(Give an extra \$40 for Snacks, and Gift items) – Food will be provided

**Notes:**

- We will be meeting in front of Queen of Angels Rectory (Btwn 44<sup>th</sup> St and 45<sup>th</sup> St / Skillman Ave) at 7:00AM
- We will leave at 7:30AM for the Conference. **PLEASE BRING A METRO CARD**
- We will return to the Rectory by 6:00PM
- Please dress appropriately for this meeting. Leave valuables at home. No Teen is to leave early from the trip without written permission from a parent addressed to Juan Rodriguez. To reach me, please use REMIND Text.
- Parents can join us!

### PARENTS - KEEP THIS PART

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**Please return this permission slip by: Feb 16th**

I give permission for my child \_\_\_\_\_ Age \_\_\_\_\_

To attend this field trip to \_\_\_\_\_ on \_\_\_\_\_

From: 7:00AM – 6:00PM

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: \_\_\_\_\_ Phone#1: \_\_\_\_\_ Phone#2: \_\_\_\_\_

Parent / guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Reina de los Ángeles - Oficina de Formación de Fe y Ministerio Juvenil

# Día de la Juventud Católica de Brooklyn

## "¡ENCENDER!"

Su hijo asistirá a una conferencia para jóvenes: vea el folleto para más detalles / visite

<https://dioceseofbrooklyn.org/get-involved/youth-ministry/bcyd/>

**Fecha:** Sábado 30 de Marzo de 2019 - **Hora:** 7:00 AM - 6:00 PM

**Lugar:** 500 19th Street Brooklyn, NY 11215

**Costo:** TBD - POR FAVOR TRAER UNA TARJETA DE METRO

(Dé un extra de \$ 40 para bocadillos y artículos de regalo) - Se proporcionará comida

### Notas:

- Nos reuniremos frente a la Rectoría de Queen of Angels (Btwn 44th St y 45th St / Skillman Ave) a las 7:00 AM
- Saldremos a las 7:30 AM para la Conferencia. POR FAVOR TRAER UNA TARJETA DE METRO
- Regresaremos a la Rectoría a las 6:00 PM.
- Por favor, vístase apropiadamente para esta reunión. Deje los objetos de valor en casa. Ningún adolescente saldrá temprano del viaje sin el permiso por escrito de un padre dirigido a Juan Rodríguez. Para contactarme, por favor use RECORDAR texto.
- PADRES PUEDEN IR

## PADRES - MANTENGA ESTA PARTE

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**Por favor devuelva este formulario de  
permiso hasta el 16 de febrero**

Doy permiso para mi hijo \_\_\_\_\_ Edad \_\_\_\_\_  
Para asistir a esta excursión a \_\_\_\_\_ el \_\_\_\_\_

Desde: 7:00 AM - 6:00 PM

En caso de una emergencia, doy permiso para que mi hijo reciba tratamiento médico. En caso de tal emergencia, póngase en contacto con:

Nombre: \_\_\_\_\_

Teléfono # 1: \_\_\_\_\_ Teléfono # 2: \_\_\_\_\_

Firma del padre / guardian \_\_\_\_\_ Fecha: \_\_\_\_\_

**Combined Registration, Consent & Health Form**  
**UNDER 18 MUST CONTINUE BELOW AND HAVE FORM SIGNED BY**  
**PARENT/GUARDIAN.**

**BROOKLYN & QUEENS CATHOLIC YOUTH DAY March 30, 2019**

Please Note: Your signature at the end indicates your consent and acceptance of the provisions included in this document.

Name: _____	
Parish/School _____	City _____
Sex: _____	Date of Birth: _____ Home Phone (    ) _____
Mailing Address: _____	
City, State & Zip _____	
Emergency Contact/Phone No.: _____	

Adults over 18 fill in above box only.

**RELEASE AND HOLD HARMLESS** – to be completed by parent or guardian of minor (youth under age 18)

As parent or guardian for \_\_\_\_\_, I hereby grant permission for him or her to participate in BROOKLYN & QUEENS CATHOLIC YOUTH DAY 2019. I understand that participation in this activity may involve some risks despite the best efforts of the diocesan and parish/high school adult leaders and volunteers to supervise the participants and I agree to pay for any damages my child may incur or cause. I agree to hold the high schools, the parishes, the Diocese of Brooklyn and all of their employees or volunteers harmless from any and all liability however caused which may result from my child's participation in the event and/or traveling to and from the program. I give permission to have my child's photo taken during the event to be used for publicity purposes by the Diocese of Brooklyn.

I authorize the diocesan and parish/high school adult leaders and volunteers involved with this trip to obtain any emergency medical treatment which my child might require in connection with this activity.

**HEALTH INFORMATION** – to be completed for all youth

Family Health Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

Physician or Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Clinic Address: \_\_\_\_\_

Allergies: Please attach a statement noting all known allergies including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need.

**SIGNATURE OF PARENT OR GUARDIAN OF MINOR (YOUTH UNDER AGE 18)**

I certify that the above information is correct and give permission for my son/daughter to participate in the Brooklyn & Queens Catholic Youth Day. I also grant permission for the release of my child's medical records to an attending physician in case of illness. I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Brooklyn & Queens Catholic Youth Day.)

Parent/Guardian's Name (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to:** Your parish/school contact person. Contact person will then send all parish/school forms together, including donation/registration by **March 8, 2019** to:

Ms. Martha Hernandez  
Diocese of Brooklyn  
310 Prospect Park West  
Brooklyn, NY 11215