

**SERVE 2025: MIDDLE SCHOOL WORK CAMP PERMISSION FORM**  
**For 6th-8th grade students (2024-25 school year)**

**Location:** *ST. MARK Catholic Church (9970 Vale Rd, Vienna, VA 22181) and surrounding community.*

**When:** July 7-11, 2025, from 8:45am-4:00pm.

**Non-St. Mark friends are welcome! This signed form with \$80 is due to the RE/YM Office by May 30 for complete registration.**  
**Checks should be made out to St. Mark Catholic Church.**

**Participant Information:** Name (please print): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Parish: \_\_\_\_\_ Grade (2024-25 School Year): \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

**Medical Information:** Date of Birth: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

Health Information: Are there any known allergies (to medication, food, environment, etc.)?  
\_\_\_\_\_

Are there any medical conditions which may affect the participant's involvement in the event?  
\_\_\_\_\_

**Contact Information:** Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Physician and Medical Insurance:**

Primary Healthcare Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Parental Permission and Liability Release:** As parent/legal guardian of the participant named above, I give my permission for him/her to participate fully in Serve 2025. I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge, Bishop of the Catholic Diocese of Arlington, and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above-mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above-described event. I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parishes (St. Mark; St. Joseph; St. Luke, OLG), Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

**Informed Consent to Medical Treatment:** I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

**Photo, Press, Audio, and Electronic Media Release:** I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify their Director of Youth Ministry in writing.

**Consent for Students/Child to be driven by Private Party:**

I give my permission for him/her to participate in the above described event with his/her church group on above date(s). I understand that participation in this activity involves inherent risks of injury and/or illness to my child, including without limitation, risks associated with transportation by motor vehicle. I give consent for my child to be transported in a personal vehicle by a private party or parent of another student as long as the driver has been approved by my child's Youth Minister/DRE. I understand that the driver of my child is required to maintain current automobile insurance and that their personal automobile insurance is the primary coverage for both liability and physical damage. In the event of an automobile accident, I agree to indemnify and hold harmless *ST. MARK* Catholic Church, to include but not limited to, the Diocese of Arlington, The Most Reverend Michael F. Burbidge and his successors in office and employees, from any and all liability, loss damages, costs, or expenses which are sustained, incurred, or required arising out of the accident, including the cost of any medical care or lost-time wages or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by the driver in the course of them driving to and from the field trip.

**I understand and hereby agree to the terms and conditions of the participant's involvement in the above-described event and I freely execute this acknowledgement with full knowledge of its content.**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Commitment: I hereby make a personal commitment to participate fully in the event described above and to abide by the standards of conduct established by *ST. MARK* Parish and all participating parishes and their representatives.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_