



# SACRED HEART YOUTH MINISTRY **ADOPT-A-FAMILY 2017**

DELIVERY NIGHT DEC. 19TH 7:00-8:15PM

We are delivering Advent Food-bags and Gifts to 9 of the 25 adopted families in the Moreland School District. Parent drivers will drive youth, food-bags, and gifts to family homes in the nearby San Jose area. Submit waiver online or drop off at Parish Office or Youth Room by Tuesday, Dec 19th. We will meet in the Youth Room at regular time, 6:30pm, and will return by regular pick-up time, 8:30pm. There will be Faith & Fellowship activities for the youth that do not participate in the delivery. *Youth must have waiver to participate.*

**WAIVER**

Sacred Heart Parish  
13716 Saratoga Avenue  
Saratoga, CA 95070  
Contact Name: Joey Mannina & Mary Jewell

Telephone: 408-867-3634  
Facsimile: 408-867-5339  
[www.SacredHeartSaratoga.org](http://www.SacredHeartSaratoga.org)

### Student Personal Information

Student Name:	<input type="text"/>	Home Telephone:	<input type="text"/>
Home Address:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	Mobile Telephone:	<input type="text"/>
Medical Plan Name:	<input type="text"/>	Policy Number:	<input type="text"/>
Medical Plan Address:	<input type="text"/>	Telephone:	<input type="text"/>
Emergency Contact Name:	<input type="text"/>	Telephone:	<input type="text"/>
Parish:	<input type="text"/>	School:	<input type="text"/>

**We are going to:** Family homes in West San Jose, Moreland School District

### Waiver Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE WAIVER. I HOLD THE PARISH AND DIOCESE OF SAN JOSE HARMLESS FROM ANY CLAIM OF INJURY, SICKNESS, ILLNESS OR DAMAGE THAT MY CHILD MAY SUFFER OR SUSTAIN DURING THE ACTIVITY LISTED ABOVE, WITH EXCEPTION TO INJURY OF DAMAGES ARISING OUT OF THE SOLE NEGLIGENCE OF THE PARISH OR DIOCESE OF SAN JOSE. I ATTEST THAT MY CHILD IS PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. IN THE EVENT MY CHILD BECOMES ILL OR INJURED, I DO HEREBY CONSENT TO WHATEVER X-RAY, EXAMINATION, MEDICAL OR TREATMENT AND HOSPITAL CARE ARE CONSIDERED NECESSARY IN THE BEST JUDGEMENT OF THE ATTENDING PHYSICIAN AND PERFORMED BY OR UNDER THE SUPERVISORIN OF A MEMBER OF THE MEDICAL STAFF OF THE HOSPITAL FACILITY PROVIDING THE TREATMENT. I AM NOT AWARE OF ANY MEDICAL CONDITION WHICH WOULD RENDER IT INAPPROPRIATE FOR MY CHILD TO PARTICIPATE IN ANY SUCH ACTIVITY. I AUTHORIZE AND GIVE FULL CONSENT, WITHOUT LIMITATION OR RESERVATION, TO SACRED HEART PARISH TO PUBLISH ANY PHOTOGRAPHS OR VIDEOS IN WHICH MY CHILD APPEARS WHILE PARTICIPATING IN YOUTH MINISTRY. THERE WILL BE NO COMPENSATION FOR USE OF ANY PHOTOGRAPHS OR VIDEO AT THE TIME OF PUBLICATION OR IN THE FUTURE.

Parent Signature:  Date Signed: