

**Altar Server Jamboree 2022**  
**Tuesday July 5<sup>th</sup> - July 7<sup>th</sup>, 2022**  
**9:00 am - 5:00 pm**

**St. Mary Catholic Church, Temple, TX**

**Return form to the Parish Office as soon as possible.**

**If questions call Patricia St. Amour, DFF ~ 254-773-4541**

Child's Name: \_\_\_\_\_ Grade GOING INTO: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

If new to the Altar Server Ministry, please number 1 – 5 your preference of Mass to serve. 1 as your 1st choice:  
\_\_\_\_\_ Saturday 5:30 pm. \_\_\_\_\_ Sunday 7:30 am. \_\_\_\_\_ 9:30 am. \_\_\_\_\_ 11:30 am. or \_\_\_\_\_ Where needed.

ANY helpful behavioral or other information to help your child have a safe & enjoyable time at the Jamboree:

\_\_\_\_\_

**\*If your family is not registered with St. Mary Catholic Church, we welcome you to join our Parish family. \***

**Parent/Guardian Liability Release Form:**

I hereby consent for my son/daughter (listed below) to participate in the St. Mary Altar Server Jamboree 2022.

I understand that this program will take place on the parish grounds as chosen by the Pastor or other parish Staff. My son/daughter will be under the supervision of authorized parish personnel. Finally, I will not hold the Diocese of Austin, St. Mary Catholic Church, its personnel, or volunteers liable in the event of injury. In addition, I hereby grant St. Mary Catholic Church permission to use for promotional purposes any photographs taken during St. Mary Altar Server Jamboree 2022.

**Medical & Emergency Information:**

Medical, allergy or other health issues: \_\_\_\_\_

Treatment or medication for medical, allergy or health issues: Leave necessary medications (in original packaging with instructions) with the Director of Faith Formation: \_\_\_\_\_

**Emergency person, in case a parent can't be reached during St. Mary Altar Server Jamboree 2022**

1. Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name & Office #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Preferred Hospital/Clinic & location:** \_\_\_\_\_

I Grant permission for non-prescriptive medication and routine non-surgical medical care to be given to my child if deemed advisable by the supervising parish personnel. In case of emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I relieve the Diocese of Austin, St. Mary Catholic Church, its personnel, and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will be contacted as soon as possible and will be advised to any further treatment by the hospital medical doctor. The parent/guardian will be responsible for payment of any necessary medical care.

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