



# Your Kingdom is Glorious

**Sunday, January 24, 2010**

7:30pm: Meal - in the Community Center

8-9pm: Worship Concert - in the Church

**Holy Family Parish (San Jose)**

4848 Pearl Ave., San Jose, CA 95136

**FREE  
concert**



Jackie's album, "Your Kingdom is Glorious" is published with *Spirit and Song*. It will be available for purchase at the concert. Jackie also served as the DSJ *Tahoe Retreat '09: Back to the Future* keynote.

Join other teenagers and young adults from around the Diocese for this event.

High school teenagers: please RSVP to your Youth Minister.

**jackiefrancois.com**

\* A love offering will be taken during the event.



Sacred Heart Parish



**STUDENT ACTIVITY WAIVER FORM & MEDICAL RELEASE FORM**  
**for Concert at Holy Family – Sunday, January 24 7:30-9pm**

Teen's Name: \_\_\_\_\_ Teen's Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Email Address: \_\_\_\_\_

Does the teen have any known allergies to food or medications? **YES NO**

**If yes, explain** \_\_\_\_\_

Is the teen currently taking any medications? **YES NO**

**If yes, explain** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Person, **other than parent**, to notify in case of EMERGENCY:

Name: \_\_\_\_\_ Relationship to Teen: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I/We, the undersigned parent (s) of \_\_\_\_\_ a minor, do hereby authorize as agent(s) **Stephanie Kurtz and Andrew Brown** for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff or any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization shall remain effective from **Sunday, January 24 7:30pm through Sunday, January 24, 9:00pm**. I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of **Sacred Heart Parish**, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan or mine or my spouse. 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 judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital facility providing the treatment. I am not aware of any medical condition would render it inappropriate for my child to participate in any such activity.

Insurance: \_\_\_\_\_ Group Number: \_\_\_\_\_

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