

St. Theresa's Youth Ministry Permission/ Release From

Participant's Name _____ Age _____

Address _____ Phone _____

City _____ Date of Birth _____ Grade _____

School _____ Email : _____@ _____

Does your son/ daughter have any medical problems, allergies that we should know about ?

Yes _____ No _____ If yes, please explain.

Is your son/ daughter on any medication? Yes _____ No _____

If yes, please describe the kind of medication, dosage, frequency and administration by whom authorized.

Emergency Contact:

Name _____ Phone _____

Address _____ Relation _____

I give permission for my child to participate in the St. Theresa's Youth Ministry TEAM Retreat @ the AYRC on Saturday / Sunday August 29th/ 30th 2009. I hereby waive and release any and all rights and claims for damages which I may have against St. Theresa's Parish, and all of their agents, servants, and employees, for any injury my child may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in the program. As a parent I understand that it is my responsibility to pick my child at the predetermined time. I also understand that if my child becomes ill or destructive I will be contacted, and if I cannot be reached the above "Emergency Contact" will be called to take my child home.

****Parent/ Guardian Signature**

Date

I hereby waive any and all rights and claims for damages which I may have against St. Theresa's Parish, and their agents, servants, and employees, for any and all injuries which I may incur while taking part in your program. This release also encompasses any injuries which may be sustained while traveling to and from participation in the program. I also understand that if I become destructive or ill my parents and/ or the above "Emergency Contact" will be called to take me home.

****Signature of Youth Participant**

Date