



Youth Ministry Permission/Release Form

Sunday, October 25 - Cedar Grove Ghost Tour

Parent/Guardian is responsible for dropping off students at 6:45 PM in Morgan Farm's parking lot located at 903 Pompton Ave, Cedar Grove, NJ and picking them up at 8:45 PM. Donation for Cedar Grove Boy Scouts is \$5.

Participant's Name _____ Age _____ Guardian/Parent Name _____

Address _____ Home Phone _____

Participant's Cell Phone _____ Date of Birth _____

School _____ Grade _____

Does your son/daughter have any medical problems, or 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 is authorized.

EMERGENCY CONTACT:

Name _____ Phone _____

Address _____

I give permission for my child to participate in the **Cedar Grove Ghost Tour on Sunday, October 25, 2015**. I hereby waive and release any and all rights and claims or damages which I may have against St. Catherine of Siena Parish, the Knights of Columbus, the Archdiocese of Newark, and all of their agents, servants and employees, for any and all injuries which 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 your program. As a parent I understand it is my responsibility to pick up my child at the predetermined time. I also understand that if my child becomes ill or destructive, the above "**EMERGENCY CONTACT**" will be called to take my child home. I further give permission for the use of my son/daughters picture to be taken and used for advertising and publicity purposes.

Print Name Parent/Guardian Parent/Guardian Signature _____ Date _____

I hereby waive and release any and all rights and claims for damages which I may have against St. Catherine of Siena Parish, the Knights of Columbus, the Archdiocese of Newark, and all 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 your program. I also understand that if I become ill or destructive, the above "**EMERGENCY CONTACT**" will be called to take me home. In addition I give permission for my photo to be used for advertising and publicity purposes.

Participant Name Signature of Participant _____ Date _____