



RISEN - Movie Trip
Cost = Price of Movie Admission



Youth Ministry Permission/Release Form

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 this Program on the **Sunday, February 28, 2016**. I hereby waive and release any and all rights and claims or damages which I may have against St. Catherine of Siena Parish, the Archdiocese of Newark, the Office of Youth and Young Adult Ministry, 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 the 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.

Print Participant Name Signature of Participant Date

Participant Email Address: _____

Email confirmation will be sent on Saturday, February 27 with the time to meet at St. Catherine of Siena Parish parking lot.