Youth Ministry Permission/Release Form

Cotillion Semi Formal and Awards Dinner (& Car Pool)

Participant's Name ____________________ Age ______ Guardian/Parent Name ______________________

Address ____ Phone ________________

Parish ____ 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.

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EMERGENCY CONTACT:

Name _______________________________________ Phone ________________________________

Address ____

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I give permission for my child to participate in the **Cotillion Semi Formal and Awards Dinner in Kearny on Friday, April 15, 2016**. I hereby waive and release any and all rights an claims or damages which I may have against St. Catherine of Siena Parish, the Archdiocese of Newark 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 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

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I hereby waive and release any and all rights and claims for damages which I may have against St. Catherine of Siena Parish, the Archdiocese of Newark Office of Youth and Young Adult Ministry, 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