

SAINT LEO THE GREAT YOUTH MINISTRY OFFICE
PARENTAL PERMISSION AND EMERGENCY AUTHORIZATION FORM
Youth In 7th –8th Grades
CHILL ON THE HILL

DEADLINE: March 20, 2010

Participant's Name _____ Birth Date _____

To Whom It May Concern:

I, parent or guardian of _____ do hereby request that he/she be permitted to attend "Chill on the Hill, - Unsinkable Friendship," at St. Mary's Church on Sunday, March 21, 2010. We will leave St. Leo's at 5:30pm and return to same at 8:45pm. We will travel by car pool. There is no cost for this event.

We will need adult chaperones & drivers with clearances.

Mary Ellen Reitmeyer's cell phone # in case of an emergency: 575-6894

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including the trip to and from their destination, if provided by a staff member or adult volunteer. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured, in the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I hold the place where the event is conducted, the group sponsoring the event, nor any person or affiliate organization associated with the event, responsible or liable. In case of accident or serious illness, I request the Parish to contact me (or person named below). If the Parish is unable to reach me, I hereby authorize the Parish to make whatever arrangements seem necessary. I authorize EMERGENCY medical treatment to be given to my child.

Signed _____ Date _____

Relationship _____ Address _____
Phone# _____ Cell# _____ Work# _____

Do you have hospital insurance? YES _____ NO _____

Name of Company and Policy or Group Number _____

If you participate in an HMO, please list the provided and telephone number

Provider	Telephone Number
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Medical or other ailment and/or allergies? _____

In Emergency, if I cannot be reached, contact:

Address _____ City _____
Phone _____ Work _____ Cell _____

Please check the box below if you would like us to call you to be chaperone for this trip. You must have your Pennsylvania Childfind Clearance on record with the Diocese of Harrisburg.

YES

NAME: _____

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the St. Leo the Great Youth Ministry Office and Mary Ellen Reitmeyer. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should notify the office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent's Signature

Date

PARENT'S E-MAIL ADDRESS _____

YOUTH'S E-MAIL ADDRESS _____

CHILL ON THE HILL

What is "FriendSHIP?" Do you have an "Unsinkable FriendSHIP?" Do you have an "Unsinkable FriendSHIP" with Jesus? Don't miss out—live music, crazy games, witness talks, an awesome keynote speaker (Father Hahn), funny skits, prayer time and of course, food! All 7th & 8th graders are invited to join us!

