

ST. CATHERINE OF SIENA YOUTH MINISTRY Permission Form

EVENT NAME: _____ Washington DC, March for Life Pilgrimage _____

DATE: Jan 15-19, 2019

START/END TIME: 1/15, 4:45pm – 1/19, 6:00am

COST: \$450 (Fundraising Available) *DATE PERMISSION FORM AND MONEY ARE DUE: Oct 4th*
\$200 Deposit

Questions about this event?

Jessica Cranston, Youth Ministry Office: youthministry@stcatherinechurch.com

PERMISSION FORM & MEDICAL INFO FOR : Washington DC, March for Life Pilgrimage

Please PRINT all information (send in this portion): **Participant's Name:** _____

PARENT EMAIL ADDRESS (for updates & reminders about this event): _____

Parent's Cell Phone: _____ **TEEN Cell Phone:** _____

Address: _____

City & Zip: _____ **Birthday** _____ **Gender:** M F

School: _____ **Grade** _____

Medications, allergies, medical conditions, physical limitations, or other important info we may need:

I give permission for my child, _____, to attend **Washington DC, March for Life Pilgrimage** at on **Jan 15-19, 2019**. I hereby release and indemnify St. Catherine of Siena Parish, Rockford Diocese, the staff and volunteers, and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I agree to accept all financial responsibility as a result of scheduling medical treatment.

I also understand that if my child fails to cooperate with event rules and regulations they may be immediately dismissed from the event and it is my responsibility for picking up my child as necessary.

Media Release: I give permission for my child's picture to be used in future publications put out by St. Catherine of Siena Church, including both print and video formats. **Parent's Signature:** _____

Parent Name (please print): _____

Parent Signature: _____ **Date:** _____

Phone #s in Emergency: _____ please circle: **mother / father:** cell home work

_____ please circle: **mother / father:** cell home work

Regular Physician: _____ **Phone:** _____

Insurance Co. _____ **Policy #** _____

Policy Holder _____