

Diocese of Cheyenne Youth Permission Form

Event: _____ Date(s): _____
Location: _____
Sponsoring Organization: _____

PARTICIPANT INFORMATION

NAME OF PARTICIPANT: _____
DATE OF BIRTH: _____ MALE/FEMALE: _____
YEAR IN SCHOOL: _____ PHONE NUMBER: _____
PERMISSION TO TEXT MINOR INFORMATION ABOUT EVENT?: YES OR NO
EMAIL ADDRESS: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PARISH: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____
PARENT/GUARDIAN EMAIL : _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____
EMERGENCY CONTACT IN THE EVENT THE YOU CANNOT BE REACHED:
NAME: _____ PHONE NUMBER: _____

PARTICIPANT HEALTH INFORMATION

HEALTH PROBLEMS AND/OR ALLERGIES: _____

SPECIAL TRAVEL/MOBILITY NEEDS: _____
MEDICATION AND DOSAGE: _____
Do adult leaders have your permission to administer Tylenol, Advil, Benadryl, bandages and other normal and simple first aid supplies to your participant?
Yes or No: ____ Exceptions: _____
INSURANCE COMPANY: _____ POLICY # _____
POLICY HOLDER'S NAME: _____

PHOTO WAIVER

_____ I grant permission to use my child's/youth name, likeness and/or photographic image in the production of brochures, newsletters, websites, newspapers, social media, etc.

_____ I **do not** grant permission to use my child's/youth name, like likeness and/or photographic image in the production of brochures, newsletters, websites, newspapers, social media etc.

We (I) give permission for our (my) son/daughter to take part in

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It is understood that this youth ministry event is under adult supervision and that all reasonable precautions will be taken to prevent accidents and injuries. In the event of an accident or injury we (I) hereby release;

Sponsoring Organization: _____

Participant's Parish: _____

Diocese of Cheyenne;

and adult chaperones from any financial liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of our (my) child's participation in the above named event; including transportation associated with the event.

In the event of an emergency, I hereby give permission to transport my child to a hospital or outreach facility for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

:

SIGNATURE OF PARENT/GUARDIAN: _____

DATE OF SIGNATURE: _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for my child, _____, to participate in the activity mentioned below. This activity will take place under the guidance and direction of employees and/or volunteers from _____ Church of St. Mary _____. A brief description of the activity follows: _____

Parent or Guardian's name Child's name Name of parish/school

Type of Activity: _____

Location: _____

Individual in charge: _____

Date(s) of Activity: _____

Duration of Activity: _____

I understand and acknowledge that the above named activity brings with it both known and unanticipated risks to myself, my guests and my invitees. Those risks include, but are not limited to falling, slipping, crashing and colliding, and could result in injury, illness, emotional distress, and/or death. I understand that the parish/school encourages personal protective equipment be worn by my child such as helmet, elbow and/or shin guards.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Church of St. Mary, its officers, directors and agents, and the Diocese of Cheyenne, chaperons, or representatives associated with the event, arising from or in connection with my child participating in the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate _____ Church of St. Mary, its officers, directors and agents, and the Diocese of Cheyenne, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____