

**GRADES K – 12 YOUTH MINISTRY
PERMISSION FORM AND RELEASE FOR 2011-2012**

(PLEASE PRINT)

Youth Name: _____ Birth Date _____ Male/Female (**circle**)

Parents /Guardian Name: _____ Home Phone: _____

Address: _____ City/State/Zip _____

Parents E-mail Address: _____

School attending (2011-2012) _____ Grade _____

Church attending _____ T-Shirt Size: (Child) **S M L XL**
(Adult) **S M L XL**

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent/guardian of my son/daughter, do hereby agree to allow my son/daughter to participate in all supervised **Grades K-12** Activities. Activities sponsored in whole or in part by/at **ST. ANN/ST. MARY'S CHURCH**.

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY** St. Ann/St. Mary Roman Catholic Church, the Division of Youth & Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, a Corporation Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in the program.

I hereby give permission for my son/daughter to be transported by a St. Ann/St. Mary Adult Volunteer (who is **STAND** trained) in their vehicle or transported by bus to/from an offsite activity. I absolve St. Ann/St. Mary Church of any liability that may occur from this event as to the means of transportation to/from this event.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(MUST check one of the following)

- My son / daughter is covered by hospitalization and medical insurance under policy # _____ issued by _____.
- My son / daughter is not covered by hospitalization and medical insurance and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

**** Please complete the OTHER SIDE! ****

I hereby *grant permission* to any staff person to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter. **(Circle all that apply)**

Tylenol Advil/Ibuprofen Midol Benadryl Pepto Bismol Kaopectate Neosporin

ADD any other medical information concerning medication, allergies, illness, challenges, etc.:

ADD any dietary restrictions: _____

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by St. Ann/St. Mary Roman Catholic Church or by the Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (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 so notify the Youth Ministry Office in writing. Please note that the Youth Ministry Office staff 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).

X

Parent/Guardian Signature		Work Phone
	Date of Signature	Cell Phone

Emergency phone numbers (please list as many as possible)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

THIS FORM IS VALID THROUGH JUNE 30, 2012

St. Ann Catholic Church
1525 Oak Hill Avenue
Hagerstown, MD 21742