

# PARENT/LEGAL GUARDIAN PERMISSION SLIP

## PARTICIPANT INFORMATION

Full name: \_\_\_\_\_

Emergency Phone # during event \_\_\_\_\_

Age: \_\_\_\_\_ Grade/School: \_\_\_\_\_ Home phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

**PRINT** Parent/Guardian name(s): \_\_\_\_\_

Our Lady of the Lake Parish, Seattle, high school youth will meet at 8:30 am at the Parish Center, Sat. November 6, 2016 and travel by private automobile carpools to and from St. Charles Parish, Burlington Tri-Parish Food Bank. The youth will return to the Parish Center at approximately 5:00 pm. The event will be coordinated by Mary A. Romer.

## PARENTAL AUTHORIZATION

I hereby consent to participation by my son/daughter/individual under my guardianship \_\_\_\_\_, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

I consent further to the conditions stated above, including the method of transportation.

Circle one: Yes No This youth may be photographed during this event.

Parent's/Guardian's **Signature**: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Telephone #: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_