



*Diocese of Laredo - Office of Youth Ministry  
St. Patrick Life Teen, St. Patrick Parish, Laredo  
Edge or Life Teen Summer 2017 Camp  
stpatricklifeteenlaredo@gmail.com*

***Parental/Guardian Consent, Liability Waiver and Medical Consent***

Participant's Name \_\_\_\_\_

DOB \_\_\_\_\_ Male/Female      Age \_\_\_\_\_      Grade \_\_\_\_\_      Tshirt-size \_\_\_\_\_

Participant's Home Address \_\_\_\_\_ Cell \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***Consent & Liability Waiver***

I, \_\_\_\_\_ grant permission for my child,  
*Parent or Guardian*

\_\_\_\_\_ To attend Life Teen or EDGE Summer camp 2017\_

Transportation will be by OK OTURS bus. Person in charge is approved chaperones by Diocese of Laredo. I understand that the dates will be given to us by the Life Teen organization and will not be negotiable. My family is committed to help the entire group fundraise the approx. \$1000 per person to go on the trip by March 26<sup>th</sup>, 2017. I will pay \$100 deposit by Sept 28<sup>th</sup> and \$150 by October 31<sup>st</sup> to reserve my child's spot and I will make payments from my own money or fundraising each month in the amount of \$250 or more on or before the 30<sup>th</sup> of each month. All fundraising money is to be turned into the Youth Ministry representative assigned to the fundraiser. If I have a sponsor for my trip I am responsible to get the payments from them each month and turning them in on time. I promise to have one parent and the child attend at least 2 of the attached fundraisers and will have my child attend the monthly EDGE/LIFE TEEN camp formation meetings. All money fundraised is not refundable (it will remain in the camp fund) and the initial deposit is nonrefundable, If you trade your spot with someone it is between you and them to get your money exchanged.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the **DIOCESE OF LAREDO**, the sponsoring Parish (its pastor, youth minister, and other agents, etc.) or any representative associated with the scheduled activity or in connection with any illness or injury (including death) or cost of medical treatment and I agree to compensate the **DIOCESE OF LAREDO**, the sponsoring Parish (its pastor, youth minister, and other agents, etc.), or any representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

\_\_\_\_\_  
*Signature (Parent/Guardian)*

\_\_\_\_\_  
*Date*