

DISCOVERY 2020 PARTICIPANT FORM

Please include \$35. Check payable to St. Joseph Youth Apostolate or \$35. Cash

DUE DATE: Fri. April 17

ST. JOSEPH YOUTH APOSTALATE

PERMISSION FORM

Parent Consent Form

I/We, the parents(s) of _____ request that the parish allows my child to participate in the **Discovery Retreat to be held May 2-3, 2020** at St. Joseph Parish.

In consideration for making the arrangements for this activity, we hereby release and save harmless the parish, archdiocese, its employees, officers and agents from any and all liability, suits, causes and claims arising to my/our son/daughter as a result of, or in connection with, this activity. In case of injury or related Emergency, I/we authorize that First Aid be administered to my/our child by a person qualified to render such service if deemed necessary by the Director of Youth Ministry or chaperones. Please note allergies, special needs/health conditions and any medication youth is taking:

I, _____ have read and understand the above statement.

Parent Please sign and date here : _____

Parent Cell phone number(s): _____ Parent Email: _____

Name of Teen Attending: _____

Teen cell phone number: _____ Teen Email: _____

Please list any allergies or other important health information:

Persons to contact in case of an emergency:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Health Insurance Information: **Please fill in only if your student is NOT officially registered for the 2019-20 St. Joseph Parish Youth Apostolate Program. If your registration is on file we have your insurance information.**

Name of Insurance Company: _____ Phone Number: _____

Policy Number: _____ ID Number: _____