

**YOUTH FORM**

**PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
I, \_\_\_\_\_, grant permission for my son/daughter \_\_\_\_\_

*Parent or Guardian's Name*

*Child's Name*

to participate in this parish event, that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_ (Name of your Parish/School).

A brief description of the activity follows: *(filled in by DRE/CRE/CYM)*

Date(s) of Event: January 27, 28, 29, 2017 Type of Event: YOUTH 2000 RETREAT

Emergency Telephone Number: \_\_\_\_\_ Destination: St. Stephen's Catholic Church, Midland, TX

Individual in Charge from parish: \_\_\_\_\_

Estimated Time of Departure, and Return: \_\_\_\_\_

Mode of Transportation to and from Event \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/ daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend \_\_\_\_\_ (Parish/School Name), St. Stephen's Catholic Church, YOUTH 2000, Inc., and its officers, directors, agents, and the Diocese of San Angelo from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, and I agree to compensate the parish, St. Stephen's Catholic Church, YOUTH 2000, Inc., and its its officers, directors and agents, and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith. If son/daughter needs to be sent home for medical or disciplinary reasons, parent/guardian will be responsible for expenses.

**MEDICAL CONSENT AND PERMISSION TO TREAT**

To the best of my knowledge, my child, \_\_\_\_\_ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor, In the event of an emergency, if you are unable to reach me, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Please include a photocopy of your Insurance Card, front and back.**

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

My son/daughter is taking medication and will bring all medication with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my son/daughter if necessary. Aspirin will not be given to my son/daughter without my permission: I grant such permission \_\_\_ Yes \_\_\_ No.

Please explain (allergies, physical limitations, etc.): \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: Any participant under 18 years of age must have written permission signed by a parent or legal guardian to leave the Retreat during the Retreat Hours.**

**YOUTH 2000 Retreat - sponsored by St. Stephen's Catholic Church**  
**Registration Fee: \$50.00 per person (includes lunch, dinner Saturday; does NOT include housing)**  
**Send \$50 Registration Fee (checks payable to St. Stephen's) and**  
**completed/signed Permission and Liability Waiver above by January 17, 2017 to:**  
**St. Stephen's Catholic Church**  
**4601 Neely Avenue**  
**Midland, TX 79707**