

# Summer Activities Program Permission Slip

Please complete the following form and return it to the Parish Office immediately.

Youth's Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

E-mail(s)-Parents: \_\_\_\_\_ Youth: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Person (other than parent) to notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please SIGN next to EACH event for which you provide permission for your child to attend:

Laser Tag @ Laser Quest, Mountain View on July 11, 2008 (\$15) \_\_\_\_\_

Halloween Lock-In at St. Francis of Assisi on July 18 - 19 (\$10) \_\_\_\_\_

Skate Night @ San Jose Skate, San Jose on July 25, 2008 (\$15) \_\_\_\_\_

Pool Party @ Creekside Cabana Club, San Jose on July 30, 2008 (\$5) \_\_\_\_\_

Miniature Golf @ Golfland, San Jose on August 1, 2008 (\$10) \_\_\_\_\_

Arcade Time @ Nickel City, San Jose on August 8, 2008 (\$10) \_\_\_\_\_

Raging Waters, San Jose on August 13, 2008 (\$20) \_\_\_\_\_

Please sign for permission given to photograph your child/children for use by St. Francis of Assisi in promotions and newsletters only. \_\_\_\_\_

Submit your payment to reserve your spot for each event! You can submit a check for the total amount now, or pay as you go! Make checks payable to St. Francis of Assisi. Total paid now: \_\_\_\_\_

*I, the parent/guardian of the above named youth, hereby give my permission for his/her participation in the event(s) mentioned above and direct my son/daughter to cooperate and confirm with directions and instructions the parish, school, and diocesan personnel responsible for the youth activity.*

*I agree that in the event my son/daughter is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the school or diocesan youth activities program, or any of its agents or employees, resource for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance or any available benefit of mine.*

*In the event we cannot be reached in an emergency, I/We hereby give permission for the Youth /Event Leaders/Chaperones to authorize by his/her signature whatever medical treatment may be necessary by the attending physician for my/our child.*

*I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.*

Please list any and all allergies, prescription medication and medical conditions that apply to your son/daughter: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Plan #: \_\_\_\_\_