

Name of Activity \_\_\_\_\_

Location \_\_\_\_\_

Dates of Activity \_\_\_\_\_

\*\*\*See emergency information on LIFE TEEN emergency information and permission slip as information has **not** changed. \_\_\_\_\_ (Initials)

Please check the appropriate box:

- My son/daughter will meet you at the activity
- My son/daughter will ride with an adult core member in a  car or  bus.

**Columbus Diocesan Office of Youth and Young Adult Ministry**  
**Permission Form and Emergency Information**

Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned to adult leaders.

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_

E-Mail \_\_\_\_\_

Parish \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female Grade \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Chronic Conditions (e.g. Allergies, Epilepsy, Diabetes) \_\_\_\_\_

Medications \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_

**RELEASE AND INDEMNIFICATION AGREEMENT**

- A. As the above-named participant, I hereby register of rand commit to attend (the "activity"). I further agree to the terms of the Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.
- B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.
- C. The undersigned release from all liability, and indemnify and hold harmless **St. Brendan parish/school, the Diocese of Columbus** and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

**CODE OF BEHAVIOR**

- 1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
- 2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
- 3. Foul language is not tolerated.
- 4. Participants must heed any and all directions of activity staff.
- 5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
- 6. Failure to abide by this Code of Behavior my result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

**I HAVE READ AND UNDERSTAND ALL CONTAINED IN THIS AGREEMENT FRONT AND BACK OF PAPER**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT**

At the time of an emergency, in the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for any treatment deemed necessary by the preferred listed doctor or dentist, or in the event the listed doctor/dentist is not available, by another licensed physician or dentist. I also agree to the transfer of my child(ren) to any reasonably accessible hospital where further consent will be obtained before treatment.

Preferred Doctor: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

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



**NON-CONSENT FOR EMERGENCY TREATMENT**

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness/injury, I wish St. Brendan to take the following actions:

\_\_\_\_\_  
\_\_\_\_\_

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