

**ST. CATHERINE OF SIENA YOUTH MINISTRY - EVENT INFORMATION (KEEP THIS PORTION)**

EVENT: \_\_\_\_\_  
DATE: \_\_\_\_\_ START: \_\_\_\_\_ END: \_\_\_\_\_  
COST: \_\_\_\_\_  
DATE PERMISSION FORM & MONEY ARE DUE: \_\_\_\_\_  
TRANSPORTATION: VOLUNTEER DRIVERS \_\_\_\_\_ BUS \_\_\_\_\_ OTHER: \_\_\_\_\_  
[Call Jessica Cranston, Youth Ministry Office: 847-426-2217 X233 or http://youthmin.graducic.net/ for more info.](http://youthmin.graducic.net/)

**ST. CATHERINE OF SIENA YOUTH MINISTRY - PERMISSION FORM (TURN THIS PORTION IN)**

Permission Form & Medical Info for: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_  
Parent Email Address (for updates & reminders about this event): \_\_\_\_\_  
Parents Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_  

Please circle the best way to reach you:	Cell	Home	Email
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Address: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Birthday \_\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_ M or F \_\_\_\_\_  
Medications, allergies, medical conditions, physical limitations, or other important info we may need:  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to attend \_\_\_\_\_  
at \_\_\_\_\_ on \_\_\_\_\_

I hereby release and indemnify St. Catherine of Siena Parish, Rockford Diocese, the staff and volunteers, and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I agree to accept all financial responsibility as a result of scheduling medical treatment. I also understand that if my child fails to cooperate with event rules and regulations they may be immediately dismissed from the event and it is my responsibility for picking up my child as necessary.

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #s in	please circle: mother / father: cell home work	Phone #:	_____
Emergency:	please circle: mother / father: cell home work	Phone #:	_____

Regular Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Media Release: I give permission for my child's picture to be used in future publications put out by St. Catherine of Siena Church, including both print and video formats.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR VOLUNTEER DRIVERS, ARE YOU WILLING TO DRIVE?</b>	YES	NO
Would you like to drive both ways?	YES	NO
Would you like to stay for the event and participate? (please include your fee with	YES	NO
Would you like to drive one-way?	TO	FROM
Have you taken the required class, Protecting God's Children?	YES	NO