

Diocese of Cheyenne Youth Permission Form



NAME OF PARTICIPANT: _____ YEAR IN SCHOOL: _____

PARTICIPANTS DATE OF BIRTH: _____ MALE/FEMALE: _____

SPECIAL HEALTH PROBLEMS AND/OR ALLERGIES: _____

MEDICATION AND DOSAGE: _____

INSURANCE COMPANY: _____ POLICY #: _____

POLICY HOLDERS NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBERS: HOME _____ WORK _____ CELL _____

We (I) give permission for our (my) son/daughter to take part in the following event:

Event/Location: Junior High Discipleship Retreat, Lander, WY.

Dates: March 8-10, 2019.

It is understood that this youth ministry event is under adult supervision and that all reasonable precautions will be taken to prevent accidents and injuries. In the event of an accident or injury we (I) hereby release the Diocese of Cheyenne, participating parishes and adult chaperones from any financial liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained on account of our (my) child's participation in the above named event; including transportation associated with the event.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 at the above numbers contact:

NAME AND RELATIONSHIP: _____

PHONE NUMBERS: HOME: _____ WORK: _____ CELL: _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE OF SIGNATURE: _____

I grant permission to use my child's/youth's name, likeness and/or photographic image in the production of brochures, newsletters, web sites, newspapers, etc.

I **do not** grant permission to use my child's/youth's name, likeness and/or photographic image in the production of brochures, newsletters, web sites, newspapers, etc.