



ST. MARY YOUTH GROUP – EVENT PERMISSION FORM

Pizza & Movie Night
March 10, 2019
6:00 pm to 9:15 pm

Student's Name: _____ Date of Birth: _____

High School: _____ Grade: _____ Student's Cell Phone Number: _____

Name of Parents/Guardians: _____

Address: _____

Parent Phone Number(s): _____

IMPORTANT – THIS MUST BE COMPLETED AND SIGNED IN ORDER TO PARTICIPATE

I grant my permission for my son/daughter _____ to participate in the Pizza & Movie Night at St. Mary's Parish and Woodstock Theatre on Sunday, March 17, 2019. I release and indemnify St. Mary Church, the Diocese of Rockford, its staff and volunteers, all participating parishes 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 event.

In the event of an emergency, I grant my permission to transport my child (named above) to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In event of an emergency, if you are unable to reach me at the above numbers, contact:

Emergency Contact: _____ Phone: _____

Please furnish medical information about your child which may be pertinent to his or her participation in the above identified activity. Include any medications and dosage pertinent to your child:

I also grant permission to St. Mary Church to use images taken at any church event that might include my child. And I grant permission for St. Mary Church to contact my child about matters pertaining to the church and its ministries, via available technology and social media, including, but not limited to cell phones, e-mail, Facebook and texting.

Signature of Parent/Guardian _____ **Date** _____