2010 DIOCESAN YOUTH RALLY
NOVEMBER 6 & 7,
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

NAME:_____SEX:_____AGE:_____GRADE:_____

ADDRESS:_____BIRTHDATE:_____

CITY:_____ST:_____ZIP:_____PARISH:_____

PHONE #:(_____)_____CELL#:(_____)_____

EMAIL ADDRESS:_____

RALLY T-SHIRT (Check one) Adult Small _____ Adult Medium _____
Adult Large _____ Adult X Large _____
Adult XX Large _____ (add $2.00 per shirt)

Cost is $35. Please make check payable to your parish.

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PARENT/GUARDIAN NAME:_____

ADDRESS:_____
(If different than above)

PHONE #:(_____)_____CELL#:(_____)_____

EMAIL ADDRESS:_____

PARENT/GUARDIAN NAME:_____

ADDRESS:_____
(If different than above)

PHONE #:(_____)_____CELL#:(_____)_____

EMAIL ADDRESS:_____

Permission/Consent/ Waiver Form

Thank you for allowing my son/daughter, _____, the opportunity to participate in the **YOUTH RALLY**. In consideration for the numerous intangible spiritual and personal benefits which will be received from this opportunity, I hereby offer the following: *(please check one)*

_____I give permission for my son/daughter to participate in the 2010 Diocesan Youth Rally, and to travel with the group from _____parish, to St. Thomas More Center, any travel necessary as part of the trip and to return home. I assume responsibility for his/her transportation to and from the pick -up site for this event

OR

_____I give permission for my son/daughter to participate in the Youth Rally and I assume responsibility for his/her transportation to and from St. Thomas More Center.

IN ADDITION

I hereby waive St. Thomas More Center and its staff and volunteers from any and all liability for accident or injury which might occur to my son/daughter anytime during the **YOUTH RALLY**.

I understand that first aid treatment will be offered in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness attempts will be made to notify me. If it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that I am responsible for any doctor, hospital, and/or ambulance fees arising from the treatment of my child.

I understand that, if it becomes necessary for my child to return home because of illness or disciplinary reasons, I will be responsible for the expense of immediate transportation home with no right of reimbursement for any amount in connection therewith or I will personally pick up my child or arrange for pick up.

Photo Release: I hereby authorize St Thomas More Center and it's agents to utilize my child's photographic image for the specific purpose of publication of promotional material and St. Thomas More Center website. I understand that I will receive no compensation, should any photograph of my child be used. _____Yes _____No

Signed: _____Date:_____
(Parent or Guardian Signature)

Emergency Contact:_____Relationship_____

Emergency Phone #: (_____)_____