

PARISH - RELEASE FORM

EVENT NAME

DATES OF EVENT

NAME

AGE SEX

ADDRESS

CITY

STATE

ZIP

()

PHONE

SCHOOL

GRADE

BIRTHDATE

PARISH

E-MAIL

REGISTRATIONS MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT

PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned Program, at _____, on the above written dates.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this overnight program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature

Parent/Guardian Phone Number

Insurance Company

Policy Number

Name and Phone Number of Person if parent/guardian is not available