

EVENT: Youth Ministry, Bronx PLUNGE, July 27-August 1, 2010

**Immaculate Conception Parish
YOUTH PERMISSION AND LIABILITY FORM**

Name of Participant: _____ Date of Birth: _____

Name of Parent or Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

I, _____ grant permission for my child _____
to participate in the Bronx PLUNGE Service Trip, July 27-August 1, 2010.

Medical Matters:

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment:

In the event of an emergency, I hereby give permission to the Youth Leader and Chaperones 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, please contact:

Name: _____ Telephone: _____

Relationship: _____

Family Doctor: _____ Telephone: _____

Family Health Plan Carrier: _____

Policy Number: _____

Signature of Parent: _____ ***Date:*** _____

Specific Medical

Allergic Reactions (medications, foods, plants, insects, etc)

Immunizations: date of last tetanus/diphtheria

Medications child currently takes _____

Any physical limitations? _____

T-shirt Size _____

I agree that my child shall abide by all rules and regulations as outlined by the trip staff. I agree that if my child fails to abide by these rules and regulations that my child can be immediately dismissed from the program and sent home at my expense.

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites, or other materials produced.

Signature of Parent: _____ **Date:** _____

As a **YOUTH PARTICIPANT**, I understand and agree to the rules and regulations governing this event. I also understand and agree that my parents/guardians will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own or my parent/guardian's expense. Being found with any alcoholic beverage or drugs is cause for automatic dismissal from the event.

Signature of Youth: _____ **Date:** _____