

**EVENT: Youth Ministry, Steubenville Youth Conference, June 25-27**

**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 Steubenville Youth Conference, Ohio, June 25-27, 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)

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Immunizations: date of last tetanus/diphtheria

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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:** \_\_\_\_\_