

St. Charles Youth Group Release/Request Form – Standard Activity

We request that our child _____ be allowed to participate in **all** the activities with the **ST. CHARLES BORROMEO YOUTH GROUP** (hereafter the “Organization) during the time they are Middle School and High School Students. We understand that some activities will require a fee and that the Organization will communicate this information to the participants at the time of the event. A complete list of activities is available from the Youth Minister.

We understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to all trips/activities, and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during any trip/activity. With this knowledge, we freely assume this responsibility and liability.

We understand that it may not be financially feasible for the organization to provide transportation for all those who are going on the trips/activities. Therefore, we understand that some participants may be traveling by bus or by privately owned vehicles, which may or may not be covered by insurance. With this knowledge, we hereby consent to our child traveling to, from, and during any trip/activity in either of these manners.

We further understand that the Organization is not responsible for any damages or accidents that may result from our child’s actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of any trip/activity and we agree to indemnify them for any such damages.

EMERGENCY MEDICAL CONTACT / MEDICAL INFORMATION (Please Print)

(If you have filled out an original that is on file from the parent meeting, simply write “on file”)

Once on file, any changes to this information must be sent to the Youth Minister in order to keep our records updated.

Father/Guardian _____ Cell Phone: _____

Mother/Guardian _____ Cell Phone: _____

Email address (Parents & Student) _____

Address _____ Home Phone: _____

Other Contact Person _____ Phone: _____

Medical Insurance Company _____ Policy No. _____

Medical conditions/Allergies: _____

We hereby also give our consent for our child to receive emergency medical care during all trips/activities. We hereby also give consent for photographs of our child to be taken and released.

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

Parents: Are you willing to drive? Yes _____ No _____
