



Please fill this out and return it to the Youth Ministry Mailbox upstairs next to the faith formation office by Sunday Jan. 4th

ROMAN CATHOLIC DIOCESE OF ROCHESTER

MEDICAL, CONSENT, PERMISSION AND RELEASE FORM

I, _____, the parent or legal guardian of _____
(Name of Parent/Guardian) (Name of Youth)

authorize the employees, representative and chaperones of St. Christopher’s parish to obtain emergency medical treatment, should it be necessary, during my child’s attendance and participation in the H.S. and Jr. High Lock-in from January 10th at 8pm to January 11th after the 9:00 mass.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The person(s) who should be notified and the telephone number(s) are:

Name _____ Phone Number _____

Name _____ Phone Number _____

I consent and give permission for my child's participation and attendance in this activity/program. In consideration of my child’s attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Christopher’s Parish, the Roman Catholic Diocese of Rochester, New York, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while participation in this activity/program.

Date ____ / ____ / ____ Signature _____

As youth of St. Christopher’s Parish, I understand and agree to follow the rules and regulations as determined by the Parish, and the Diocese of Rochester for this activity/program. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent’s/guardian’s expense.

Parent/Guardian
Signature _____
Date ____ / ____ / ____

Youth Participant
Signature _____
Date ____ / ____ / ____