

PARENT/LEGAL GUARDIAN CONSENT FORM

Holy Spirit Parish Youth Program 2009-2010

Your youth is eligible to participate in all parish-sponsored Youth Ministry programs. Most events are at Holy Spirit Parish. Offsite activities also occur which require transportation to a location away from the parish site. These activities will be under the guidance and supervision of employees and volunteers from Holy Spirit Parish. As parent and/or legal guardian, you are fully liable for any legal responsibility, which may result from any personal actions taken by the named participant.

I hereby consent to participation by _____, age _____. I fully understand that some activities will take place away from the parish grounds and that my child will then be under the supervision of a designated parish employee or volunteer. In consideration of the opportunity and fully recognizing the risks involved, I do hereby release, hold harmless, and covenant not to sue the Archdiocese of Seattle, Holy Spirit Parish, and all the employees and volunteers involved in the event. I understand that the Archdiocese of Seattle does not provide medical insurance coverage for my child. I consent to these conditions, including the method of transportation, and understand all terms. I understand that if my child does not follow the guidelines for the activity, I will be called and asked to take my child home. I give permission for photos to be taken of my son/daughter at parish-sponsored events, and for those photos to be published in parish newsletters, bulletins, and on the parish web page. I give permission for my son/daughter to be called by parish phone tree volunteers.

In the event of an emergency, if I cannot be contacted, I hereby authorize emergency treatment to be administered. In the event of a minor injury, I authorize minor first aid.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Address	City, State, Zip
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Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Other adult to contact in case we cannot reach you: _____
Name Phone Number

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Co _____ Policy No _____

Medications (prescription and over-the-counter) that s/he might be bringing/taking during this activity: _____

Allergies and/or Special circumstances regarding my child or activities s/he should not participate in: _____

For youth: I understand the guidelines for participation in Holy Spirit Youth Group activities: No use of tobacco in any form, no illegal drugs or alcohol, no weapons of any kind, no public displays of affection, no putdowns or other harassment, no leaving the site without a chaperone, no behavior which puts anyone in danger and my clothing will be appropriate for a Christian event. I understand that if I do not follow these guidelines, my parents/guardian will be called and asked to take me home immediately.

Youth Signature _____ **Date** _____

