

GENERAL EVENT PERMISSION SLIP

EVENT NAME: Mission Trip Week @ St. Luke's Mission of Mercy

DATE(S): 8/5 – 8/9/2019

Send to: St. Amelia Youth Ministry, 210 St. Amelia Dr., Tonawanda, NY 14150, Attn: Mrs. Kathy Waite

My son/daughter has permission to attend this event. I understand that I am responsible for their transportation to and from St. Amelia Church. Youth Minister Kathy Waite or another adult may drive them to the service site and back. I also understand that if disciplinary problems occur, I will immediately pick up my child from the service site. The rules of all youth ministry events include:

- A) No use of alcohol or drugs will be allowed
- B) All participants must respect the adult directors and fellow teens and all property
- C) No cursing or swearing or inappropriate clothing will be allowed

In the case of an emergency or sudden illness, I hereby give permission to the physician selected by the attending hospital to secure a proper treatment for my son/daughter in the event that I cannot be reached. I acknowledge that there are risks in my child's presence and participation in this event. I agree to relinquish all claims I may have against St. Amelia Church and the Diocese of Buffalo.

Media Release: I give permission for photographs or video of program participants including my child to be used in publications, web sites, brochures, flyers, social networking or other promotional materials produced from time to time by my church and the Diocese of Buffalo. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover Catholic youth activities and may request an interview with my child. I give permission to the parish, the diocese and all print, radio, television and internet media outlets to use the images, voices and words of my child without any limitation or restriction, and with no financial compensation, for the purpose of promoting the parish, and Diocese of Buffalo related events.

Please complete the following, sign and return this form and cost to the address above. Entire form must be filled in for your teen to participate. (PLEASE PRINT)

TEEN'S NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN NAME _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

PHYSICIAN _____ PHONE _____

MEDICATIONS CURRENTLY TAKING _____

ALLERGIES _____

We have read, understand, and agree with the rules provided for the event.

Signature of Parent/Guardian

Date

Signature of Teen

Date

_____ I would be interested in chaperoning for this event **OR** _____ I cannot stay, but I am willing to drive teens to and from this event.

Name _____ Email _____