

Roman Catholic Diocese of Albany
St. Edward The Confessor & St. Mary's Crescent
Youth Ministry

ACTIVITY/PROGRAM PERMISSION FORM – OFF SITE

I, _____, parent or guardian of _____.
(Name of parent/guardian) (Name of child/youth)

A child/youth at _____ Parish. I hereby grant permission for the

Above child/youth to attend _____
(type of activity/program)

At _____ with _____
(Place of trip) (Name of Catechist/Youth Minister)

On ___/___/___ from approximately _____ to _____. And I consent to his/her
(a.m./p.m.) (a.m./p.m.)

Participation in this off site activity/program. I understand that my child/youth will get

To the place of the activity/program and return by _____.
(Means of transportation)

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):

Name _____ Telephone # _____ Cell # _____

Name _____ Telephone # _____ Cell # _____

I fully understand what is involved in this trip, and I understand that I have the opportunity to call the Catechist/Youth Minister and ask him/her about the activity/program.

In case of an emergency, I can be reached at _____.

(Signature of Parent/Guardian)

_____/_____/_____
(Date)

Roman Catholic Diocese of Albany

MEDICAL CONSENT, PERMISSION AND RELEASE FORM

I, _____, the parent/guardian of _____,
(Name of parent/guardian) (Name of youth)

Authorize the employees, representatives and chaperones of _____

Parish to obtain emergency medical treatment, should it be necessary, during my child's
attendance and participation in _____, on ____/____/____.
(Activity/Program)

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

Insurance Carrier _____ Telephone # _____

ID # _____ Group # _____

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 of damages I may have against _____ Parish.
The Roman Catholic Diocese of Albany, New York, their representatives, chaperones,
employees, successors and assigns arising out of any and all injuries to my child while
participating in this activity/program.

Date ____/____/____ Signature _____

As a youth of _____ Parish, I understand and agree to follow the rules
and regulations as determined by the Parish, and the Diocese of Albany 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 ____/____/____