OUR LADY OF THE ASSUMPTION CHURCH LATHAM, NY PARISH RELEASE & CONSENT FORM

Activity: Roamin' Catholics!!!

Date: Tuesday, December 19th, 2017

Time: 5:45-6:45pm (followed by their regular catechetical session until 8:00)

includes pizza dinner

YOU MUST CALL or email MRS. GAVIN TO RESERVE YOUR PLACE NO LATER

THAN 3PM THE DAY OF!!! 518-785-1605 or youthola@nycap.rr.com

Name	Age	Grade
Parent/Guardian:		
I,	, give permission for my son/daughter	
needed, to be evaluated, diagnosed, treated, a practice by licensed medical personnel. I reli responsibility and consequences that may are Lady of the Assumption Parish or chaperone Further, I agree to accept any and all financia treatment.	and/or medicated in according the parish of Our Lad ise as the result of this treates or representatives response.	dance with standard medical y of the Assumption of all atment. I will not hold Our nsible in the event of injury.
My child agrees to abide by all rules and reg establishment traveled to. If my child fails to activity and I will be responsible for his/her	abide by such rules he/sh	
X		
X	Date	
Youth:		
I,	e Assumption Parish and	the destination point. I
X		
Signature of Youth Participant	Date	
Medical Information:		
Allergies	Required Medications	
Special Medical ConditionsInsurance Carrier	Last Tetanus B	
In case of emergency, parents/guardians may	v be reached at phone #	