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

Activity: Roamin' Catholics!!!
Date: Tuesday, March 8, 2022
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

_____, to attend the above mentioned trip, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of the Assumption of all responsibility and consequences that may arise as the result of this treatment. I will not hold Our Lady of the Assumption Parish or chaperones or representatives responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My child agrees to abide by all rules and regulations decided upon by the parish and the establishment traveled to. If my child fails to abide by such rules he/she may be dismissed from the activity and I will be responsible for his/her transportation home.

X_____ _____
Signature of Parent or Guardian **Date**

Youth:

I, _____, understand and agree to the rules and regulations as determined by Our Lady of the Assumption Parish and the destination point. I understand that I may be dismissed and sent home if I do not abide by the given rules.

X_____ _____
Signature of Youth Participant **Date**

Medical Information:

Allergies _____ Required Medications _____
Special Medical Conditions _____ Last Tetanus Booster _____
Insurance Carrier _____
In case of emergency, parents/guardians may be reached at phone # _____