

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

**Trip:** Snow Tubing @ Willard Mountain  
**Date:** Saturday February 25<sup>th</sup>, 2023  
**Time:** 4-6pm (at Willard) leaving OLA at 3:00, returning at 7pm  
**Cost:** \$10 (includes unlimited hot chocolate!)  
**\*\*\* We will provide bus transportation if 30 or more sign up.**

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 # \_\_\_\_\_