

Idaho Falls Catholic Community
Permission and Liability Form

Youth's Name _____

Address _____ zip _____ Phone _____
(Street, City and zip)

School _____ Age _____ Birth date _____

Grade _____ Youth's e-mail _____

Parent/Guardian's Name _____ Phone _____

Address (if different than above) _____ Work Phone _____

Parent's e-mail: _____ Cell Phone _____

I, the parent/guardian of the above named youth, hereby, give my permission for his/her participation in the youth activity name below.

Activity: _____

I agree to direct my youth to cooperate and conform with the direction and instructions of parish, school or diocesan personnel responsible for youth activities.

I agree that in the event my youth is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the parish/school or Holy Rosary Church or Christ the King Church activities program or any of its agents or employees, I hereby release and discharge Holy Rosary Church and Christ the King Church, it's constituents, including, but not limited to Holy Rosary Church or Christ the King Church.

I am not aware of any medical condition of my youth, which would render it inappropriate for him/her to participate in any such activity.

Person(s) (other than parent) to notify in case of an emergency:

Name _____ Phone _____

Medical information _____
(List any allergies, medication taken or other pertinent information)

Physician's Name _____

Insurance Co. _____ Group # _____

Parent/Guardian's Signature _____ Date _____

What: High School Youth Event
Deadline: NO LATE PERMISSION FORMS ACCEPTED
Please deliver or send to Holy Rosary Parish office: 145 9th St. Idaho Falls, ID 83404
Attn: Marie Tracy (524-0116, ext. 18)

YES I can chaperone/drive _____ Phone _____