PERMISSION SLIP Knott's Berry Farm

December 13, 2014

1,	give pern	hission for my son/daughter	
(please print first and last name)			
	to attend St. Bart	holomew /St. Joseph Youth	
Ministry. (please print first and last name)			
· •	nless the above named parish, or any of its ny liability, claims, damages for personal i	<u>=</u>	
SIGNATURE:	DATI	DATE:	
AUTHORIZ	ATION OF MEDICAL TREATMI	ENT	
Youth's first and last name	Birth date	Parish	
Address	City State	Zip Code	
Insurance Company	Policy Number		
Specific medical allergies, chronic illne	ess or other conditions:		
minor in the event of a medical emergency v physical impairment, cause disfigurement or effort has been made to reach me.	authorize the treatment by a qualified and licent which, in the opinion of the attending physician, r undue discomfort if delayed. This authority is g	may endanger his/her life, granted only after a reasonable	
Signature	Date	Date	
	tear or cut for event info		
 Meet at the main gate of Knott's at Group Ticket Price is \$35 You are a 	9:30 a.m. Pick-up time is 7:00 p.m. responsible for your own food. RSVP by Dec	8 th (no exceptions)	
Yes, my teen may be photographed networking sites).	at the event for sole use by Youth Ministry, (r	not for internet sharing or social	
	to immediately pick-up my teen if he or she d	oes not abide by the stated	
	-No bullying or rough housing -No inappropriate language		

-No use or possession of illegal substances including tobacco products, drugs or alcohol. -No weapons of any kind, including pocket knives.

-No inappropriate attire, (i.e. backless, strapless, minis or shirts with inappropriate slogans or symbols)

-No inappropriate public displays of affection.

-No leaving the premises for any reason.