

**PERMISSION SLIP**  
**Winter "White Out"**  
**Friday, January 9<sup>th</sup>, 2015 \*\$7 presale/\$10 at the door**

I, \_\_\_\_\_ give permission for my son/daughter \_\_\_\_\_  
(please print first and last name) (please print first and last name)

to participate in St. Joseph/St. Bartholomew Youth Ministry to be held at: St. Bart's Parish Hall - 5100 E. Broadway, LB

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corp. and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AUTHORIZATION OF MEDICAL TREATMENT**

\_\_\_\_\_  
youth's first and last name                      Grade                      Birth date                      Parish                      School

\_\_\_\_\_  
Address                      City, State                      Zip Code

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Specific medical allergies, chronic illness or other conditions: \_\_\_\_\_

My child has no medical condition that would render it inappropriate for him/her to participate in this activity. Should it be necessary for my son/daughter to have medical treatment while participating in this activity, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the personnel or chaperone to render medical treatment deemed necessary & appropriate by the physician. I agree to relieve the church & other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the church harmless from the cost of any medical treatment and related expense and cost incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Please initial:

\_\_\_\_\_ Yes, my child may be photographed at the event for sole use by Youth Ministry (not for internet sharing or social networking sites)

\_\_\_\_\_ Yes, I understand that I will be asked to immediate pick up my child if he/she does not abide by the stated Youth Ministry Behavior Guidelines. \*(see back)

**\*Youth Ministry Behavior Guidelines:**

- No bullying or rough housing
- No inappropriate language
- No inappropriate attire (I.e. backless, strapless, minis or shirts with inappropriate slogans or symbols)
- No use or possession of illegal substances including tobacco products, drugs or alcohol
  - No weapons of any kind, including pocket knives
- No inappropriate public displays of affection-No leaving the premises for any reason