

**St. Mary of the Lakes
Jr. High Youth Group Permission Slip**

Event: _____

Participants Name: _____

Date of Birth: _____

Home Address: _____

I (Parent/Guardian) _____ give permission for _____ to participate in the above listed activity. I/We assume all risk and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless St. Mary of the Lakes Church, School, Youth Organizers, Sponsors, Supervisors, Participants and Persons transporting my child to the extent covered by liability insurance.

I/We further understand that if insurance to protect against accident or injury is desired for my/our child for accident or injury that could occur during my child's participation in St. Mary's of the Lakes Youth group activities, I/We agree to furnish said insurance and are aware that St. Mary of the Lakes Church does NOT provide accident or injury insurance for any and all of its activities.

Parent/Guardian Signature: _____ Date: _____

Consent to Treatment of Minor

The undersigned parent/guardian of _____, a minor, does hereby authorize adult leaders of the St. Mary of the Lakes Youth Group or staff of the affiliate as agents for the undersigned, to consent to any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees incurred by such an emergency.

Health Insurance Company _____ Policy# _____

please attach copy of Insurance Card**

Parent/Guardian: _____ Date: _____

Home phone# _____ cell# _____

Please turn over to complete reverse side

Emergency Contact Information

Primary Contact Name: _____
Relationship: _____
Home Phone # _____
Cell Phone # _____
Secondary Contact Name: _____
Relationship: _____
Home Phone# _____
Cell Phone # _____

Other:

Allergies (either food or medicine) _____
Date of last tetanus shot: _____

Current Medications: _____
Physical Impairments/Limitations: _____
Primary Care Physician: _____
Phone Number: _____

Teen Contract

Since I am a representative of St. Mary of the Lakes Parish Community and a member of the Jr. high Youth Group my actions will at all times reflect my Christian values.

1. Drugs and/or paraphernalia or alcohol are not in my possession and will not be used by me at any time during my participation at Youth Group events.
2. I will refrain from smoking during Youth Group events
3. I will respect and cooperate with the adult leaders and follow all rules
4. I will respect and cooperate with my peers.

With this signature I agree that I have read, understood and will follow the above. I understand that if my actions reflect otherwise, my participation in the event will be terminated at my own expense.

Youth Group Member Signature: _____ Date: _____

Parent Contract

I have read the above Teen Contract and can verify that my child has read and understands the expectations set forth. I understand that if my child does not act in accordance with the Teen Contract, his/her participation in the event will be terminated and I will be expected to do what is necessary to transport my child home. I understand that **no refund** will be given if such action results.

Parent Signature: _____ Date: _____

Return form to Linda Xerri
Jr. High Youth Group
PREP Office
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Medford, NJ 08055
(609) 654-2546 x311
lxerri@smlparish.org