## PERMISSION SLIP FOR EDGE, LIFETEEN & CONFIRMATION

Name of Participant:		
Gender	Date of Birth	Age
Parent / Guardian's Name		
Address:		
Home phone #:	Work #	
Cell #		
activities sponsored by St. 7 service projects, including,	Thomas More for its LifeTeen high so but not limited to, travel in automob al participation in any and all sponso	thool youth program and/or Confirmation oiles and church bus, attendance at related red events by or associated with St. Thomas
	, , ,	e used by the youth group director in urch bulletin, Facebook or YouTube.
child. I agree on behalf of hold harmless and defend <b>ARCHDIOCESE OF ATLAN</b> arising from or in connect injury or cost of medical its officers, directors and	of myself, my child named herein, d <b>St. Thomas More,</b> its officers, d <b>NTA</b> , Georgia, chaperones, or repretion with my child attending the treatment in connection therewith agents, and the Archdiocese of A	or our heirs, successors, and assigns, to irectors, and agents and the esentatives associated with the event, event or in connection with any illness or th, and I agree to compensate the parish, atlanta, chaperones, or representatives and expenses arising in connection
The chaperones have perm	nission to seek medical attention for	my child should he/she deem it necessary.
·	nission to seek medical attention for NO: (CHE	
YES		ECK ONE)
YESHospital Insurance Compan	NO: (CHE	ECK ONE)

Parent signature:\_\_\_\_\_\_ Date:\_\_\_\_\_