



Parent Consent Form

Name of Volunteer: _____

I (name of parent or guardian) _____, grant permission for my child _____ to participate in the Church of the Little Flower/St. Theresa School event. I understand such an event does involve some element of risk incidental to such participation and I do release and hold harmless the Archdiocese of Miami, Church of the Little Flower and St. Theresa Catholic Church of St. Theresa Catholic School, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Church, School or the Archdiocese.

Medical Consent

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Accept? Yes No

I authorize the emergency contacts to remove my child from Church of the Little flower or St. Theresa Catholic School in case of illness and emergency. Accept? Yes No

Photography Consent

I authorize that any pictures to be taken at the event can be used on the Church of the Little Flower and/or St. Theresa webpage or it's publicity materials. Accept? Yes No

Extra Activities Consent

I authorize my child to participate in the activities leading up to and after the Kingdom Rock Vacation Bible Camp. I understand there is risk associated in building and setting up the various areas and I assume responsibility. Accept? Yes No

Early and AfterCamp Care Consent

I authoirze my child to participate in the activities leading up to and during the AfterCamp held from approximately 7:30 am and/or 2 pm to 6 pm the weeks of June 17, 2013 and/or June 24, 2013. Accept? Yes No

Parent/Guardian Signature:

_____ Date: _____

_____ Date: _____