

St. Aloysius Permission Slip

Event/Activity: St. Aloysius Youth Ministry Events

Date(s): 2012-2013

Student Name: _____ Grade _____

Address _____ Phone _____

My daughter/son has my permission to participate in the above names activity that is being sponsored by St. Aloysius RC Church, 40 Maple Street, New Canaan, CT. I understand that this program includes having my child together with other religious education students and with adult supervision. I also understand that my child(ren) may be transported in private automobiles by St. Aloysius employees/volunteers. The undersigned agrees not to hold St. Aloysius RC Church Inc., or its employees/volunteers liable for injury, loss, or damage to person or property resulting from participating in these events.

Proper behavior is expected from all youth participating in any event

I have read and hereby agree to all items stated above and I assume responsibility for the actions of my daughter/son.

Signature of Parent/Guardian

Date

In case of an emergency please provide a phone number where a parent/guardian or alternate emergency contact can be reached during the scheduled times of an event.

Mother/Guardian

Phone/Cell #

Father/Guardian

Phone/Cell #

Additional Emergency Contact

Phone/Cell #

In the unlikely event of a medical emergency, and I cannot be contacted by phone, I give permission for emergency personnel/hospitals and/or attending physicians to treat my daughter/son.