

**YOUTH MINISTRY ACTIVITY
PARENTAL PERMISSION & RELEASE FORM**

*Please complete and return this form to Maria Parker, Youth Minister,
by: Tuesday, March 1st, 2016*

My child, _____, has my permission to participate with the St. John the Evangelist Parish High School Youth Ministry Volleyball League Team:

(Event/Activity) High School Youth Ministry Volleyball League Team

(Place) St. John the Evangelist, Our Lady of Grace, St. Bede's, St. Andrew's, Assumption BVM and any other local parish where games or practices will be held

(Date) March 1st, 2016- June 1st, 2016

(Cost) \$65 per person --- please make your check payable to "St. John's Youth Ministry"

(Chaperone name & phone #) Maria Parker 215-295-4102 ext. 118

(Transportation) via parents, self, or car pool with teammates

(Activity details) The Inter-Parish Youth Ministry Volleyball League is a league designed for the high school students to have fun and grow in fellowship while playing volleyball with peers between different parishes. This volleyball league is not a CYO league sport. Thus, any youth in grades 9-12 who have parental permission and who submit a \$65 registration fee may play in the league. Practices will be held on Sundays beginning on March 6th, except on a holiday such as Easter, Memorial Day Weekend, etc. Games will be held on weeknights at St. John's or the various host gyms and the schedule will be sent out as soon as it is received.

(Adult t-shirt size) _____

I hereby agree to indemnify and hold harmless St. John the Evangelist Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent or Guardian Signature

Phone

Date

MEDICAL RELEASE

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor for in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for March 1, 2016- June 1, 2016. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

[Please notify the office whenever there is a change in medical/insurance information on file in the office.]

Name of Parent

Date

*All guests must complete a medical/insurance form available at church website or parish office.