

# St. Bede Youth Ministry

## Parental Permission & Release Form

My child(ren), \_\_\_\_\_, has/have my permission to participate in \_\_\_\_\_ activity on \_\_\_\_\_ at \_\_\_\_\_ . I hereby agree to indemnify and hold harmless St. Bede the Venerable 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 injury sustained during this event and during travel to/from the event

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home /Cell Phone/ alternate Cell Phone

\_\_\_\_\_  
Emergency Contact (\*not parent) Emergency No.

(\*Note: a concerted effort will be made to contact parent/guardian FIRST. Please indicate someone other than parent/guardian that we can contact if he/she cannot be reached.)

### St. Bede the Venerable Youth Ministry Medical Release

To whom it may concern: As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor 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 form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

( ) I would like to be placed on the e-mail list to receive notices of upcoming youth group activities.

( ) Please e-mail me a registration form so my child(ren) can become member(s) of the Youth Group.

My e-mail address is: