

St. Dominic Parish Youth Ministry

Halloweekend at Cedar Point, October 22, 2011

Parental Permission Form

Name of Participant _____ Name of Parent _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

INSURANCE INFORMATION

Family Health Insurance Co. _____ Policy # _____

Family Physician or
Clinic _____ Phone # _____

PARENTAL RELEASE

In signing this form, I hereby certify that the above information is correct. I have discussed and reviewed the information regarding this trip and give my child, _____, permission to attend. I specifically give permission for my child to be transported to and from all activities associated with this trip. I acknowledge that my child will be transported in vehicles driven by chaperones and give my permission for my child to be transported in this manner.

I give permission for the release of medical records to an attending physician, nurse or other health care provider to provide medical treatment to my child in case of injury or illness. In case the need for medical treatment arises, I understand that every effort will be made to contact the parent(s) or guardian of my child. In the event I cannot be reached, I hereby give permission to the physician, nurse, or other healthcare professional attending my child to hospitalize and provide treatment as they deem appropriate for my son/daughter, as named herein.

I hereby agree that no liability is assumed by the Diocese of Cleveland, Saint Dominic Parish or the chaperones for claims which may arise from this trip.

In registering my child as a participant in this trip, **I hereby release and hold harmless** the Diocese of Cleveland, St. Dominic Parish, and the chaperones whose efforts allowed this trip to occur. I understand that **my child and I assume all risks** which might be associated with its activities and for any injuries that may occur. **I agree to waive and release all rights and claims** for damages which my child, heirs, executors, administrators, assigns or I may have against the Diocese of Cleveland, St. Dominic Parish or the chaperones from any claims, liability, damages for personal injury, property loss or damages of any kind suffered as a result of participation in this trip.

Signature of Parent or
Guardian _____

Date _____ Home Phone _____ Cell or work # _____

In Emergency
Call _____ Phone _____