



Year of Teens and Young Adults

July 2011 - June 2012

YOUR VOICE COUNTS!

Join the **CONVERSATION** by sharing your Ideas, Hopes and Dreams for the future

This invitation is coming to you because we believe you are a young leader that wants more for your life and the lives of other young Catholics.

Join us to plan and share your ideas!

Where:

Date:

Time:

Cost: **FREE!**

Snacks and drinks for everyone!

To register complete the **Permission Form** (on the reverse) and submit it

to:

.....

by:



Youth Permission Form Completed by Parent/Guardian for

CONVERSATIONS WITH TEENS

THE FOLLOWING FORM MUST BE COMPLETED FOR EACH PARTICIPANT

I give permission to my son/daughter (PRINT participant's name) _____
First Last

to participate in the event sponsored by _____ Parish. I hereby release and indemnify the Archdiocese of Chicago, _____ Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a Corporation Sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about situation and/or arrangements made to send my child home.

We will send an e-mail confirming your participation in this event to the address you provide below:

_____ e-mail address

_____ Parish may use photographs/videos
Yes No of my child at this event for promotion in the bulletin/parish website/parish Facebook page.

_____ Student Signature _____ Parent/Guardian Signature _____ Date

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ YES _____ NO

EMERGENCY CONTACT (In event that parent(s)/guardians(s) cannot be reached.)

NAME OF EMERGENCY CONTACT _____

Relationship _____ Phone No. () _____

NAME OF PHYSICIAN _____ Phone No. () _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance company _____ ID # _____

HEALTH INFORMATION

Allergies: _____ Current Med _____

Other Comments _____

_____ High School _____ Name of Youth Group Leader

Return this completed form to _____ **by** _____

Questions? Contact _____