

ALPHA OMEGA

St. Mary of Vernon Youth Ministry
236 US Hwy 45
Indian Creek, IL 60061
(847) 362-1021

Event Permission Form

I hereby give permission for my teen _____

to participate in the _____ to be held on _____.

I understand that this event will take place at _____; that it will be chaperoned by adult leaders; and that participation in this event will include transportation by bus/adult drivers, unless special arrangements have been discussed with me.

I hereby release and indemnify the staff and volunteers of St. Mary of Vernon, Indian Creek, Illinois 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 teen's participation in this event.

I understand that my son/daughter will be asked to abide by the rules and respect the property of others. I realize that any serious misconduct will result in calling me to pick him/her up immediately.

I grant permission for the administration of first aid by the people of St. Mary of Vernon in charge of this event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

- **Is the year-long Parental Consent/Medical Form* on file in the YM office for your teen? _____
If not, then that Form must also be filled out and turned in.**

*Please list any changes to this form below, along with any medical allergies, medications being taken, medical problems, physical activities the teen cannot take part in:

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____

**Forms and \$___ MUST be turned in (to the Youth
Ministry Mailbox or the Parish Office) by _____.**