

ALPHA OMEGA
ST. MARY OF VERNON YOUTH MINISTRY
236 U.S. HWY 45
INDIAN CREEK, IL 60061
847-362-1021



TEEN PERMISSION FORM -- INDIVIDUAL EVENT

I hereby give permission for my teen _____
to participate in the **Lenten Service Night** to be held on **Sunday, March 11, 2018.**

I understand that this event will take place at St. Mary of Vernon, and possibly the following places: 2 fire houses, Autumn Leaves, or Sunrise Assisted Living; that it will be chaperoned by adult leaders; and that participation in this event may include transportation by 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 my being called 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 judgment 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 that form below, along with any medical allergies, medications being taken, medical problems, or physical activities the teen cannot take part in:

Signature of Parent/Guardian: _____ Date: _____

Phone Number: _____ Cell Phone: _____

Questions? Call Jim Welch at the Youth Ministry Office: 847-362-1021.