

**3sixty° Youth Ministry
Parental Permission Form**



PERMISSION FORM DEADLINE: SUNDAY, MAY 4 @ YOUTH NIGHT

Event: Laser Quest Rematch Social
Date: Friday, May 9, 2008
Time: 7:00pm-11:00pm
Where: Laser Quest
Address: 1400 N Shoreline Blvd # C3, Mountain View, CA
Costs: \$25.00 (please bring extra for arcade games and snacks)

Note: Teens without a permission form filled out and submitted will not be able to attend this event.
Parents, are you able to help as a driver (as needed)? Yes No

Meeting location: Please drop off and pick up your teen at the parish hall.

Teen Information

Full Name: _____ DOB: _____ Gender: _____

Address: _____
City State Zip

Home Phone: _____ Cell phone: _____ Grade: _____

Email: _____

Parent/Guardian Information

Parent/Guardian's Full Name: _____ Cell Phone: _____

Email: _____

Emergency Contacts

In case of an emergency and we are unable to reach the parent or guardian, please provide two additional persons that we may contact:

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Permission Statement

I, the parent/guardian of the above-named child, hereby permit my child to participate in the above-named activities. I agree to direct my child to cooperate with and conform to the directions and instructions of the parish and/or diocesan personnel responsible for the activities. I understand and will direct my child to dress in a way that is most appropriate for the atmosphere and purpose of these events. I agree to have any adult leader present to direct my child to change their clothing if they feel it is inappropriate (too revealing, and/or offensive).

Medical Release

I have the following medical insurance that would cover any hospital, medical and related costs and expensed in the event of illness or accident of any emergency, nature, as follows:

Doctor's Name

Dr.'s Phone #

Insurance Name

Policy#

In the event my child is injured or becomes ill and requires emergency medical attention, I understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. I am not aware of any medical condition of my student that would render it inappropriate for him/her to participate in any such activity. I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

In signing this form, I acknowledge that the information I have given is accurate. I agree to direct my child to cooperate with the rules and instructions of the ministry and parish. In the event that my child consistently misbehaves and/or acts inappropriately, I agree to be contacted by the youth leader and pick up my child from the event.

Parent / Guardian signature: _____ Date: _____

Participant's signature: _____ Date: _____

In signing the above line, I agree to abide by any / all rules established for this event. Should I not be able to follow the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and/or being sent home at my parent's expense.