

**Most Holy Trinity Life Teen
Parental Consent/Release Form
Freshmen Welcome ~ August 14 -15, 2009**

Participant's Name: _____ Age: _____ Birth Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ This number is: Home Teen's Cell Parent's Cell

Alternate Number: _____ This number is: Home Teen's Cell Parent's Cell

Parent's Names: _____ Teen lives with: Mother Father Both Other:

School: _____ Year of Grad.: _____

I request my son/daughter, _____, be permitted to participate in the Freshmen Welcome, Aug. 14-15, 2009 which is sponsored by the Most Holy Trinity Youth Ministry.

I understand that reasonable precautions will be taken to safeguard the health and well being of the participants in this event and that I will be notified as soon as possible in the event of an emergency. In the event of sickness or accident, I will not hold the Diocese of Phoenix, Most Holy Trinity Parish, or the youth group leaders responsible. In the case of sickness or an accident, I authorize and consent to any X-ray, examinations, anesthetic, medical, dental, or surgical diagnosis or treatment under the general or specific supervision, and on the advice of any physician, dentist or surgeon licensed to practice in the State of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expenses incurred shall be at my expense.

My child agrees to abide by all the rules and regulations stated at the event. I understand that the Diocese of Phoenix, Most Holy Trinity Parish, or the youth group leaders will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the event at my expense.

I permit any photographs or video that include my child to be used by Most Holy Trinity or for promotional purposes.

Parent/Guardian Signature: _____ Date: _____

Insurance Company: _____ Name Insured: _____ Policy #: _____

Physician Name & Phone #: _____

Emergency Contact:

Name: _____ Phone: _____ Relation to teen: _____

Name: _____ Phone: _____ Relation to teen: _____

Please note any health or allergy conditions (including food allergies & current medication) which could affect his/her participation or which should be given to an attending physician, dentist, surgeon, or chaperone: