

ASCENSION YOUTH MINISTRY

PARTICIPATION & YOUTH PERMISSION FORM

4pm Mass @ St. Matthias & Talk to Fr. Larry afterwards

Sunday, July 9, 2017 3pm-7pm

YOUTH INFO (Please Print)

Participant Name: _____

Street Address: _____

City: _____ State ____ IL ____ Zip Code: _____

Cell Phone: _____

Email Address: _____

School Attending: _____ Grade: _____

PARENT INFO & EMERGENCY CONTACT INFO (Please Print)

I give permission for my Son / Daughter to attend the trip to St. Matthias. My child understands that inappropriate, insubordinate or disrespectful behavior will not be tolerated. Any student involved in such behavior, willful inattentiveness, or incident will be sent home immediately. In the event of any accident involving my son or daughter, I understand that I will be contacted at the cell phone number I have provided below. Inappropriate or behavior will not be tolerated, and in such cases, parents will be called to take their child home. If I do not answer, I understand that the alternate contact person listed below will be called. In the unlikely event of an injury, accident, or emergency situation, I authorize whatever first-aid treatment or medical care is deemed appropriate, including calling 911 if necessary. In the event of such a situation, I agree to accept responsibility and consequences and to hold harmless Ascension Parish, St. Matthias, and the Archdiocese of Chicago.

Parent/Gaurdian Name: _____

Cell Phone: _____

Email Address: _____

Alternate Emergency Contact Person Name: _____

(If I cannot be reached at the cell phone number provided above, the alternate emergency contact will be used.)

Relationship to my child: _____

Cell Phone number: _____

ADDITIONAL CHAPERONE INFO

I am interested in going as an adult chaperone: Yes: ____ No: ____

If YES, have you completed the VIRTUS workshop for Protecting God's Children?: Yes: ____ No: ____

RSVP Due By Saturday, 7/8.