

EDGE EVENT FOR ALL AGES

7 CHURCH TOUR

HOLY THURSDAY ***4/13***

**8:30pm MEET AT THE PARISH HALL
ENDS at IHOP on Hwy K (ETA 10:30pm)**

**Anyone under 18 and attending w/o a parent
FILL OUT PERM SLIP & BRING WITH YOU
(assumptionbvm.org/Youth-Ministry)**

PARENTS WHO CAN DRIVE PLEASE RSVP

(636) 240-3721 x243 abvm youth@gmail.com



PERMISSION SLIP (For Middle/High School teens attending w/o a parent)

Parish: ASSUMPTION OF THE BLESSED VIRGIN MARY, O'FALLON, MO

Organization: HIGH SCHOOL/MIDDLE SCHOOL YOUTH MINISTRY

Event: 7 CHURCH TOUR —EDGE

Event Date: THURSDAY, APRIL 13, 2017

Information

Participant's Name _____ M/F _____ Date of Birth _____
First Middle Initial Last

School _____ Grade _____

Email _____

Medical History – Please have your insurance card with you at all times (or a copy)

Allergies: _____

Will your child be taking prescription medication at the time of the event?: _____ Yes _____ No

Can your child be responsible for taking his/her own medication?: _____ Yes _____ No.

If "No," please contact _____

Physician Name _____ Physician Phone# _____

Special Needs: _____

Parents/Guardian

First _____ Last _____

Home Phone# (____) _____ Parents Cell Phone# (____) _____

Home address _____ City _____ State MO Zip _____

Emergency Contact Name (other than parents): _____

Relationship: _____ Telephone#: (____) _____

Agreements

1. As the parent or guardian of _____ ("child"), in signing this form, I hereby state that the information included in this form is correct and give permission for my child to participate in the activity entitled _____.

2. I understand that my child will be under the supervision of the Archdiocese of St. Louis staff and volunteers.

3. I recognize that there are risks inherent in participation in any activity and agree to hold the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents, harmless from any injury to my child or damage to or loss of personal property of my child not caused by the negligence or misconduct of the Archdiocese of St. Louis, its affiliates and its and their employees, volunteers and agents.

4. In the case of a medical emergency, I understand that every effort will be made to contact me, but in the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed and treated in accordance with standard medical practice by licensed medical personnel.

5. I hereby give permission to the Archdiocese of St. Louis to use any photographs or video footage taken of my child in print and on their website for promotional purposes.

I understand that for all Youth Ministry activities there is a zero tolerance policy for the use of any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I agree to the