

Parental Permission Form

This certifies that my child is able to participate in and has my permission to attend any activity offered by St. Michael's Parish for their High School CCD program participants on Wednesday evenings during the 2009-2010. The details of these off-sites activities will be in given in the Sunday bulletin. We would appreciate your encouragement and support of these activities with your son or daughter. **In the case of an emergency medical situation we will contact you immediately. Please list your contact information.** *The Emergency Medical Authorization Form will need to be completed for retreats and youth group events only.*

Student's Name _____

Address _____

City _____ State _____ Zip _____

Contact Information

Mother's Name _____

Work # _____ Cell # _____ Home # _____

Father's Name: _____

Work # _____ Cell # _____ Home # _____

Other Name _____

Work # _____ Cell # _____ Home # _____

I voluntarily and knowingly accept and assume the known risks involved in the program for me and my child. In consideration for St. Michael Parish, Kalida, Ohio, allowing us to participate in the program, I hereby fully release of myself, heirs, executors, administrators, and assigns, I hereby fully release and forever discharge the parties names above, along with heirs, officers, agents, employees and volunteers.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby assume full responsibility.

This release is knowingly and voluntarily signed with the intent to be legally bound.

Parent/Guardian Signature

Date