St. Mary's

LIFE TEEN

Massillon, Ohio

Release Form and Emergency Information

LIFE TEEN Mass: Sunday, noon LIFE Night Sunday, 7:00 p.m.

Teen's Name _____ Birthday _____

Complete Address _____

Home Phone _____ Email _____

In consideration of the child being allowed to participate in this activity, on behalf of the child, my spouse, and myself, I hereby assume all risks in connection with the activity, and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, St. Mary Parish, St. Mary School, LIFE TEEN, and the pastoral staff, employees, and volunteers thereof, from all claims, judgments, and liabilities for any injury or damage that the child or his/her estate, myself, or my spouse ever had, now has, or may have, due to the child's participation in the activity, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved in the activity, and I understand that I have the opportunity to contact the youth minister and ask him/her about it.

_____

Signature of Parent or Custodial Parent Date

Emergency Information

Please list two emergency contacts (in addition to the parents):

Name _____ Phone _____ Address _____

Name _____ Phone _____ Address _____

Please list any allergies, medical, or dietary concerns of which we should be aware:

_____

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In the event that my child would need emergency medical treatment, I give permission for the adults in charge of the group to secure the necessary treatment to protect the life and health of my child. I understand that I will be contacted before any medical treatment is begun except when a delay in treatment would not be in the best interest of my child.

_____

Signature of Parent or Custodial Parent Date