

St. Michael the Archangel Parish
Life Teen
3430 St. Michael Dr. NW
Canton, OH 44718

Medical Release and Permission Form

Activity:	Stark County Youth Ministry ~ <i>Laser Quest Night</i>
Date:	Saturday March 31, 2012
Time:	7:00pm - 9:00pm [We will meet at 6:40 at Laser Quest]
Location:	Laser Quest ~ 4716 Everhard Road (330) 966-9966
Cost:	\$20.00 includes ~ 2 games, pizza, munchies and beverage.
Transportation:	Parents ~ dropping off at 6:40pm and returning for pick-up at 9:00pm
Other:	<u>Permission slips and \$20.00 due by Sunday March 18th</u> Make checks payable to St. Michael's Parish.

Note: No student is permitted to drive themselves or others to a Life Teen event.
If you would like to discuss this further- please call the youth ministry office.

I, _____ am the custodial parent/legal guardian of _____.
I hereby grant my consent to allow my teen to participate in this activity, coordinated by the youth minister of St. Michael's Church. I grant my permission to allow my son/daughter to participate with St. Michael's youth group with the above named adult, on behalf of my spouse and myself, custodial parent, or other legal guardian. I hereby assume all risks in connection with this church sponsored trip and I further release the Bishop of the Diocese of Youngstown, St. Michael's Church, the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse, custodial parent or other legal guardian ever had, now has or may have due to my son/daughter's participation in this trip, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved regarding this outing, and have the opportunity to call and ask the youth Minister at 330-492-3119 #14 about this trip. I have thoroughly read and understand the above, and grant permission for my son/daughter to participate in this activity.

Date

Signature of Parent/Legal Guardian

_____ In case of an emergency I can be reached at _____ or _____.

_____ I give my permission for medical attention to be given to my child in the event I cannot be reached.

_____ I do not give permission for medical attention to be given to my child in the event I cannot be notified.

_____ Please note any allergies or medical concerns:

Permission slips and \$20.00 due by Sunday March 18th.