

Catholic Archdiocese of Atlanta  
**YM Buford Corn Maze & Haunted Corn Maze - Sunday, October 29, 2017**  
**Registration Limited to 45 High Schoolers**  
**Parental/Guardian Consent Form**  
**Deadline for Registration: October 15, 2017**  
**No Refunds after the October 15, 2017 deadline**

Name of Participant: \_\_\_\_\_ Grade: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Buford Corn Maze, Buford, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

- Type of Event:** Social
- Destination of Event:** Buford Corn Maze  
4470 Bennett Road  
Buford, GA 30519
- Individual in Charge:** Ashley Dean
- Transportation:** Bus **(Drop-off/Pick-up at SPC ONLY)**
- Cost:** \$40 (includes dinner, transportation, Hayride, corn maze & Haunted corn maze)
- Date/Time:** Sunday, October 29, 2017  
5:00 pm - 10:00 pm



As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

- I DO /DO NOT (circle one) grant permission for photos of my child to be used in parish sponsored print and social media publications (i.e. bulletin, website, Facebook, etc.)
- I am aware of the refund information at the top of this form.
- I can chaperone and I have a current background on file and have attended a VIRTUS training.
- Best number to contact me: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Faxes or Scanned copies of this form cannot be accepted**

## 2017-2018 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Father/Guardian's Full Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/Guardian's Full Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES OF THIS FORM**

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Insurance is provided by which parent and/or place of employment: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Special consideration to be aware of (i.e. allergies, medical conditions, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication (and dosage) my child is currently taking: \_\_\_\_\_

\_\_\_\_\_

Parent please print name:

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_