

Catholic Archdiocese of Atlanta
Life Teen Lock-In - November 19 & 20, 2017

All High School Invited
Parental/Guardian Consent Form and Liability Waiver
Deadline for Registration: November 15, 2017

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 St. Peter Chanel, Roswell 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: SPC
Individual in Charge: Ashley Dean
Cost: \$0



Itinerary:
Sunday, November 19:
6pm until 8pm - Thanksgiving Potluck/Family Night
(Parents are invited to attend dinner with their High Schooler)
To sign up for Pot Luck use following link:
<http://www.signupgenius.com/go/30e044eacac2aa2f58-life>
8PM - Parents Leave
11PM - Those who will not be staying overnight will be leaving
Monday, November 20:
6AM - Everyone leaves

How many attending dinner: _____ **Will be leaving at 11PM: NAME:** _____

Will be staying overnight: NAME: _____

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 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: _____

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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: _____