

Catholic Archdiocese of Atlanta
St. Peter Chanel Catholic Church – Life Teen
Braves Game – Thursday, July 26th 2018
Parental/Guardian Consent Form and Liability Waiver
Deadline for Registration: July 18th, 2018
No Refunds after the July 18th, 2018 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 Suntrust Park, Atlanta, 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: Suntrust Park
 755 Battery Avenue
 Atlanta, GA 30339



Individual in Charge: Ashley Dean

Transportation: Carpool - **Drop off/Pick up at SPC ONLY**

Cost: \$20 (includes transportation, ticket, hot dog, chips)

Date/Time: Thursday, July 26th 2018 6pm – 11:30pm

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. Best number to contact me: _____

Signature of Parent / Guardian _____ **Date** _____

Faxes or Scanned copies of this form cannot be accepted