

Permission Form

St. Thomas More Parish Youth Ministry

1. **CONSENT:** I grant permission for my child, _____
to attend and participate in

(Activity)

to be held at _____

on _____.

2. **STUDENT COOPERATION:** My child agrees to abide by all the rules of St. Thomas More Parish and to obey the staff in charge of this Activity. St. Thomas More Parish will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.
3. **FIRST-AID/EMERGENCY TREATMENT:** I authorize St. Thomas More Church, its staff, and volunteers to administer first-aid to my child if St. Thomas More deems it necessary and appropriate to preserve the life, limb, or well-being of my child. I authorize St. Thomas More to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.
4. **RELEASE:** I hereby release and discharge The Diocese of Rockford and its Bishop, St. Thomas More Parish, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the School, the Parish, or its employees.

Date: _____

Parent/Guardian's Signature: _____

Name: _____

(Please Print)

Home Phone: _____ **Cell Phone:** _____