Permission/medical release form

Date_____

Student Name_____

Address_____

City/State/Zip_____

Home Phone_____ **Cell Phone**_____

Circle any activity attending:

Activity: **Lector Club, Canton Club, Parish Choir**

I (Parents Name)_____ **give permission for**

(students name)_____ **to attend the above activity.**

In consideration of the student being allowed to participate in the above activity, on Behalf of my student, my spouse and myself, I hereby assume all risks in connection with the above activity and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, St. Joan of Arc Parish and Religious Education Department and the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damages that the student or his/hers estate, myself or my spouse ever had, now has or may have due to the students participation in the above activity, including all risks connected therewith whether foreseen or unforeseen.

I case of emergency, please contact_____ **at this**

number_____.

I _____ **give permission for treatment if needed.**

Parents' signature_____