

~God Squad~

2 - Sided Permission Slip PLEASE be sure to complete both sides!

Participant's Name: _____

Date of Birth: _____ Grade: _____ Current Age: _____ School: _____

Parents'/Guardians' Names: _____ ; _____

Relationship to Participant: _____ ; _____

Home Phone: _____ Mom's Cell: _____ Dad's Cell: _____

Mom's Email: _____ Dad's Email: _____

Home: #, Street, city, zip code: _____

Teen Cell # : _____ Teen E mail: _____

Contact: I give the St. Ambrose' Youth Ministry permission to contact my child via- **Please check all that apply!**
phone _____ text _____ e-mail _____

Parents will be included on all texts and emails

Youth Statement of Conduct: As the participant, I agree to follow all procedures, safety precautions, and rules and regulations set forth by the Diocese and the Parish. I agree to act with honesty, integrity and in a respectful manner towards myself and others at all times.

WAIVER: I hereby waive and release any and all rights and claims for damages which I may have against The Diocese of Arlington, St. Ambrose Catholic Church, St. Ambrose Youth Ministry and all of their directors, coordinators, agents, servants, employees, volunteers, for any and all injuries which I may incur while taking part in the PROGRAM. This release also encompasses any and all injuries which may be sustained while traveling to and from participation in the PROGRAM. I understand it is my parent/guardian's responsibility to pick me up at the predetermined time. I understand that if I become ill or destructive, my parent/guardian listed above or the EMERGENCY CONTACT will be called to take me home.

Participant's Signature

Date

Parental Permission and Liability Release:

As parent/legal guardian of the participant name above, permission is hereby given for my child to participate in the St. Ambrose High School God Squad group meetings on Sunday nights September 25, 2022 through May 21, 2023 in the school gym as posted on our schedule from 5:45-8pm, and First Friday adoration nights from 6-7:30pm in the Parish Hall from November 4th, 2022 through May 5, 2023.

I agree to indemnify and hereby release the Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Photo, Press, Audio, and Electronic Media Release: I authorize the Catholic Diocese of Arlington, its parishes, its schools and/or the Arlington Catholic Herald to use and publish my child's photograph, video and/or audio recording along with their name identifying them for educational, news stories, illustration and/or marketing purposes.

Parent's Signature

Date

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EMERGENCY CONTACT:

Name: _____ Relationship: _____ Home

Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____

City: _____

State: _____ Zip: _____

Your Child's medical info:

Allergies: _____ Epi Pen: Yes / No

Medications: _____

Medical Conditions: _____

Family Doctor: _____ Counselor: _____

Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Parent's Signature

Date