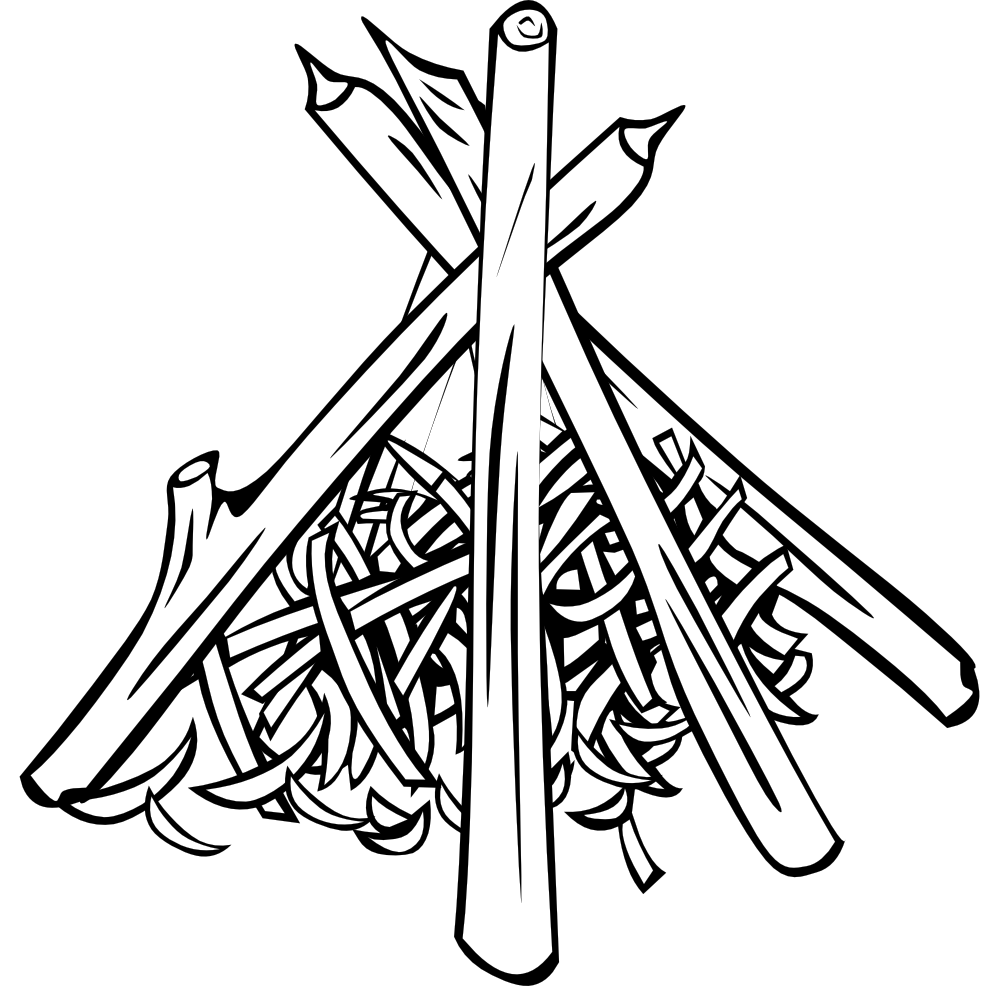
***Saint Mary’s Office of Youth Ministry KEEP THIS PAGE FOR YOUR REFERENCE***

High School Youth Group

**Saturday Night in the Country**



**Saturday 10/24/15, 4pm-11pm**

**We will be going to Sharp’s Farm for the evening! Cost is $15 and includes a hayride, bonfire, cornmaze, and dinner!**

\*If you would like to come, but cannot afford the cost, please contact me.

Saint Mary’s Office of Youth Ministry Parental Release Form

**Parental Release and Consent Form**

\*this form must be filled out and signed by a parent or guardian.

PLEASE RETURN THIS FORM TO THE OFFICE OF YOUTH MINISTRY or RECTORY:

**No later than Saturday, 10/24/15 before we leave.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned give my permission for my

son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend:

**Saturday Night in the Country at Sharp’s Farm- October 10/24/15**

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by medical personnel. I relieve St. Mary’s Parish and staff, the Archdiocese of Washington, D.C., and all chaperones from all responsibility and/or consequences that might arise as the result of this treatment. Further, I agree to accept all financial responsibility resulting from said treatment. I will not hold St. Mary’s Parish and staff, the Archdiocese of Washington, D.C., and any chaperones responsible in the event of an injury or accident. I recognize that immediate expulsion from the trip may occur if my child does not comply with the rules and regulations set forth by the Parish and the Archdiocese of Washington, D.C. I understand that this expulsion is subject to the judgment of the Youth Minister and chaperones present and I will not hold them responsible for any consequence. I also understand that I am financially responsible for any cost that this expulsion may incur. I have read the rules and regulations together with my child, as outlined in the Code of Student Conduct. I have made sure that he/she fully understands them and the consequences for not complying. I have witnessed their signature on the Code of Student Behavior.

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (Emergency only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell ( Emergency only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/ Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL NON-REGISTERED MEMBERS OF YOUTH GROUP MUST ALSO COMPLETE A MEDICAL RELEASE FORM AND CODE OF BEHAVIOR FORM.**