



DIOCESE OF SAN JOSE
PARENTAL PERMISSION AND RELEASE FORM

St. Mary's Youth Ministry, Director: Carol Thornton cthornton@stmaryslg.org 354-4061 X121

Activity: Overnight Retreat, Redwood Glen Camp, Scotts Valley, CA 95066
8:30 am Saturday, November 14, 2009 until 4:00 pm Sunday, November 15, 2009. Fee = \$100.00

Youth Full Name: _____ DOB: _____ Gender: _____
Address: _____ Home Phone: _____ Cell phone: _____ Grade: _____ School: _____
Email: _____
Parent/Guardian's Full Name: _____ Cell Phone: _____
Email: _____

In case of an emergency and we are unable to reach you, please provide two additional contacts:

Emergency Contact #1: _____ Phone: _____
Emergency Contact #2: _____ Phone: _____

I, the parent/guardian of the above-named child, hereby permit my child to participate in the above-mentioned event. I agree to direct my child to cooperate with and conform to the directions and instructions of the parish and/or diocesan personnel responsible for the activity. I have the following medical insurance that would cover any hospital, medical and related costs and expensed in the event of illness or accident of any emergency, nature, as follows:

Doctor's Name _____ Dr.'s Phone # _____

Insurance Name _____ Policy# _____

+++PLEASE ATTACH A COPY OF THE INSURANCE CARD TO THIS FORM (front + back)+++

In the event my child is injured or becomes ill and requires emergency medical attention, I understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. I am not aware of any medical condition of my student that would render it inappropriate for them to participate in any such activity. I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

In signing this form, I acknowledge that the information I have given is accurate. I agree to direct my child to cooperate with the rules and instructions of the youth director. In the event that my child consistently misbehaves and/or acts inappropriately, I agree to be contacted by the youth director and pick up my child from the event.

Parent / Guardian signature: _____ Date: _____



I can drive _____ # of students (In addition to yourself [parent] and your child.)

_____ From St. Mary's Parking Lot to Redwood Glen on Saturday, November 14 at 8:30 am

_____ From Redwood Glen to St. Mary's Parking Lot on Sunday, November 15 at 4:00 pm