

Permission Slip

EVENT: _____

St. Joseph the Worker Parish Williamsport, PA

Youth Registration Form

Name of Participant: _____

Participant's Date of Birth: _____

Name of Parent(s) / Legal Guardian(s): _____

Address of Parent(s) Legal Guardian(s): _____

Cell phone of- mom _____ dad _____

Cell phone of student attending _____

Medical Information

Family Physician: _____

Phone Number of Physician: () _____

Allergies: _____

Current Medications: _____

Medical History: _____

In the case of an emergency, please contact:

Name:

Phone Number(s):

or



I, _____, request that St. Joseph the Worker Parish allow my son/daughter _____ to participate in this Youth Ministry/ Parish activity.

I give permission to use my daughter's/son's name, picture, and voice in the parish bulletin, Youth Ministry newsletters and fliers.

Signature _____ Date _____

This entire page must be **completed and legible**. You must also complete a hold harmless agreement.

Hold Harmless Agreement

Participant's Name _____

I / We _____ agree to protect, indemnify, save, and
Printed name(s) of parent(s)/legal guardian(s)

keep harmless, _____ Parish, the Roman Catholic Diocese of Scranton, and Gallagher
Home Parish Name
Bassett Insurance Services against and from any and all loss, cost, damage, or expense, arising out of or from any person or property whomsoever and whatsoever; and will protect, indemnify, save and keep harmless the above mentioned parties from any and all claims, costs, or expense arising out of any accident or other occurrence on or about said premises or in conjunction with any activity sponsored by the Parish listed above or the Roman Catholic Diocese of Scranton, causing injury to any person or property whomsoever or whatsoever; and will protect indemnify, save and keep harmless the above mentioned parties from any and all claims, costs, or expenses arising out of any failure of any contractor in any respect to comply with and perform all requirements and provisions agreed-to and required by any law or ordinance related to the aforementioned premises or activities.

I/we also hereby confirm that I / we have medical insurance or self-insured coverage which will be the sole provider of medical benefits and payments in the event of injury or illness arising out of any activity sponsored by the Parish listed above or the Roman Catholic Diocese of Scranton.

Signature of Parent(s) / Legal Guardian(s): _____

Date: _____