

SJN YOUTH MINISTRY
RELEASE AND CONSENT FORM

Ocean's 18 Black Light Mini Golf & Bowling
King's Highway, New Bedford

Friday, January 27, 2012

Parents drop off at Ocean's 18 at 6:30 P.M., pick up at 8:00 P.M.

Cost: \$5 per person (Replays or arcade extra, if desired and time permits)

PARENT

I, _____ (parent signature) give my permission for my son/daughter, _____ (print participant's name) to participate in this St. John Neumann's Youth Ministry field trip. **I understand that I am responsible for transporting my child both to and from Ocean's 18, King's Highway next to Flagship Cinema, at the times stated above.**

I also give my permission, if needed, for my child to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

I hereby release the Bishop of the Diocese of Fall River, the Parish of St. John Neumann, Church staff, Youth Directors and volunteers of all responsibility and consequences that may arise as the result of the field trip, injury or treatment. I agree to accept any and all financial responsibility related to any emergency treatment.

My child _____ (child's signature) agrees to abide by rules of the Youth Ministry Office. I understand that St. John's, the adult chaperones and staff nor the Diocese will be held liable if my child fails to cooperate and that serious infractions of rules may result in prevention from attending future outings.

Medical Information (please print legibly and fill out completely)

My child is allergic to _____

Child's Address _____ Child's Birth date _____

City _____ State _____ Zip _____

Home Phone _____

In case of emergency notify _____ (their relationship) _____

Phone number of emergency contact person _____

My child takes the following medication _____

Doctor's Name _____ Phone _____

Health Ins. Co. _____ Policy Number: _____

Name of insured: _____ Name of employer: _____