



**Quick Info**

*For Office Use Only*

N: \_\_\_\_\_  
G: \_\_\_\_\_ A: \_\_\_\_\_  
E: \_\_\_\_\_

**Consent and Release Form**

**Event Information**

Event Name: \_\_\_\_\_  
Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Participant Information**

Name: \_\_\_\_\_ Parish/School/Youth Center: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age (at start of program): \_\_\_\_\_ Gender: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Full Home Address: \_\_\_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Full Home Address: \_\_\_\_\_

**Emergency Contact Information**

*[Even if the Emergency Contact is a Parent/Guardian named above, please re-enter this information]*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information**

*[Please provide your Health Insurance Information even if no condition exists]*

Health Insurance Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Medical Conditions (please check all that apply):  
 No Medical Condition     Diabetes     Asthma     Epilepsy/Seizures  
 Psychological Condition (i.e.: depression, bipolar disorder, etc): \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Heart Condition: \_\_\_\_\_  
 Currently under Physician's Care: \_\_\_\_\_  
 Currently taking Medication: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Other Needs**

*[Please indicate if there is any other information that we may need to know, including, but not limited to, dietary needs]*

\_\_\_\_\_  
\_\_\_\_\_

**Statement of Release**

*[Please initial after each Statement]*

**General Release:** I hereby give my permission for my child to participate in the above event hosted by the Office of Youth and Young Adult Ministry of the Salesians of Don Bosco. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I individually, and on behalf of my child named above, do hereby release, covenant not to sue, and save harmless: The Salesians of Don Bosco, the named Parish/School/Youth Center, and all employees, agents, and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in the event. **Initial:** \_\_\_\_\_

**Photo & Video Release:** I hereby give permission for my child to be photographed and videoed at the above event by the Salesians of Don Bosco or their representative. These photographs and videos may be used reasonably by the Salesians in publications, including electronic publications, and/or in audio-visual presentations, promotional literature, advertising, or in other similar ways. **Initial:** \_\_\_\_\_

**Medical Release:** I hereby give permission that the Salesian representative obtain professional medical treatment for my child in the unlikely event of injury or illness during this event. I request that the Emergency Contact be notified in a timely manner if such a need arises. I agree to pay any expenses incurred for such treatment(s). **Initial:** \_\_\_\_\_

**Signatures**

*[Parent/Guardian Signature is not required for young adults over the age of 18]*

**Participant**

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian**

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_