

**Salesians of Don Bosco– Province of St. Philip the Apostle**



**Office of Youth Ministry**

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Name: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Age: \_\_\_\_\_

Event: \_\_\_\_\_

**Consent and Release Form**

**Event Information**

Event: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Participant Information**

Name: \_\_\_\_\_ Ministry: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Guardian Information**

Name(s): \_\_\_\_\_

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

Address: \_\_\_\_\_

**Emergency Contact Information**

*[even if this is a parent/guardian, please fill this section out entirely]*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

**Medical Information**

*[even if no medical conditions exist, please fill in your physician and insurance info]*

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Account Number: \_\_\_\_\_

Check all that apply:  Epileptic  Asthmatic  Diabetic  No Medical Condition

Allergies: \_\_\_\_\_

Heart Condition: \_\_\_\_\_

Currently under Physician's care: \_\_\_\_\_

Currently taking Medication: \_\_\_\_\_

Other: \_\_\_\_\_

**Special Needs**

*[if there is any other information we may need to know, please include it here, including dietary needs]*

\_\_\_\_\_

\_\_\_\_\_

**Consent and Release Information**

*[please read the following very carefully]*

**General:** I hereby give my permission for my child to participate in the above event. 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 about 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 this event.

**Photo:** I give permission for my child to be photographed at the above event by the Salesians of Don Bosco or their representative. These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

**Medical:** I request the Salesian representative obtain medical treatment for my child in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

**Signatures**

*[parent/guardian signature is not required for adults over 18]*

**Participant**

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

**Parent/Guardian**

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