

**CURE` OF ARS IGNITE YOUTH MINISTRIES
PERMISSION FORM | HS Ignite Goes Tagging
Sunday, November 27, 2011, 7:00pm – 9:15pm**

**This permission form and moneys are due by Sunday, November 20th.
Completed forms can be turned in at the Youth Office (CLC) or the Parish Office.
Contact us at ignite@cureyouthministry.com**

Participant's Name _____

Phone number where you can be reached during activity: _____

Chaperones are needed for this event. Are you able to help? Yes / No # of Seatbelts _____

I request that my son/daughter be allowed to participate with Cure` of Ars Youth Ministries, for the activity: **HS Ignite goes Tagging on November 27, 2011.**

The cost for participating in this event is **\$15** and includes Event & Transportation.
Checks may be made payable to Cure` of Ars Church.

We will plan to leave the Church Parking Lot near the Rectory on November 27, 2011 at 7:00pm. Teens will return to Cure` of Ars and arrive at the CLC around 9:15pm.

I give permission for my aforementioned child to participate. In consideration of the arrangements of this activity, I hereby release and save harmless Cure` of Ars Catholic Church, any and all employees and volunteers from any and all liability for any and all injury resulting from this activity.

Parent/Guardian Signature Signed this _____ day of _____, 2011.

AUTHORIZATION FOR MEDICAL TREATMENT

Minor Son/Daughter's Name

Birthdate

Parent/Guardian Printed Name

Home Phone

Insurance Company

Policy Number

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my aforementioned minor son/daughter in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, physician(s), and nursing personnel from performing medical procedures acting on the authority of this medical treatment consent form which such medical provider deems necessary for my minor child.

Parent/Guardian Signature Signed this _____ day of _____, 2011.