

Permission Slip & Release Form
(Please Print)

Name _____ Home Phone _____

Address _____

City _____ State _____ Zip Code _____

Parish _____ Birth Date ____/____/____ Grade _____ Gender _____

Parent/Guardian Name _____

Doctor's Name _____

Insurance Company _____

Are there any known allergies to food or medications that those who work with your young person this weekend should be aware of? Yes _____ No _____

If Yes, explain _____

Emergency Contact in the event Parent(s) cannot be notified:

Name _____ Phone _____

I request that the Roman Catholic Diocese of Phoenix, Catholic Committee on Scouting, permit my child to participate in the Catholic Youth Leadership Training at Heard Scout Pueblo 4/30-5/2/2010. I understand that reasonable precautions will be taken to safeguard the health and well-being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in this State of Arizona or other state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

I further agree to arrange for or provide transportation to and from the Retreat, including any event in which my child must leave the Retreat prior to its conclusion.

Parent's Signature _____ Date _____ Phone _____

I hereby grant my consent to use and release to the Catholic Diocese of Phoenix the use of my name and my likeness or my child's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child, including voice and features, with or without names, of any promotional purposes involving the diocese, news feature stories in the Catholic Sun or other media or other purposes whatsoever, except for the endorsement of any commercial products.

I further agree that the Catholic Diocese of Phoenix may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation of any fee.

Child(ren)'s Names: (if relevant) _____

Signature _____ Date _____

(Parent/Guardian if under 18 years old)