

Apple Valley Catholic Community Youth Ministry
Serving Youth in Acton, Boxboro, Stow and Beyond

Name of Event _____

Date of Event _____

Parent/Guardian Release and Consent Form

This form must be turned in to the Youth Ministry Office before EACH event. We can not allow anyone to participate in any of our events without the release form.

Name of Youth: _____ Youth's E-mail _____

Address _____ Town _____

Phone # _____ Graduation Year _____

In case of an emergency, please notify _____

Are there any limitations to the activities in which your child can participate?

Yes _____ No _____ If yes, please explain _____

I, _____, give permission for my son/daughter _____ to participate on the (name of event) _____. I give permission for my daughter/son to be transported in privately owned and/or public vehicles/public transportation to and from St. Elizabeth of Hungary/St. Isidore Parishes to and from the event. I understand that the group may stop off on the way to something to eat.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated by licensed medical personal. In addition, I give permission for the release of any medical records which I provided to Apple Valley Catholic Youth Ministry to medical personnel in case of illness.

I hereby release the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, in addition to St. Elizabeth of Hungary Parish/St. Isidore staff and/or volunteers that work with youth ministry, from any and all liabilities for personal property incident to this event and any aforementioned medical care and treatment which is provided.

I have read the foregoing and understand the same.

Parent/Guardian Signature _____ Date _____