

SCIENCE DAYS 2017

Parental Consent and Liability Form – Saint Mark's Pro-Cathedral

PARTICIPANT'S NAME _____ HOME PHONE _____

ADDRESS _____ GRADE _____ AGE _____

BIRTHDATE _____ GENDER _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/CELL PHONE(S) _____

Medical Treatment Permission

_____ has my permission to attend Saint Mark's Pro-Cathedral youth group activities. I understand that volunteer adult supervision will be provided at all events, and that every effort will be made to ensure the well-being of the young people.

It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but medical treatment will not be withheld if the undersigned cannot be reached.

I/We the parent(s) or legal guardian(s) of _____, a minor, hereby authorize and consent to any X-ray, examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required. It is given to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.

Medical Insurance Information

Carrier's Name _____ Policy # _____

Physician's Name _____ Phone # _____

I have read and understand this waiver, and execute it voluntarily and with full knowledge of its significance.

DATE _____

PARENT/GUARDIAN SIGNATURE _____

HOME AND CELL PHONE NUMBERS _____

EMERGENCY PHONE NUMBER _____

Alternate Emergency Contact:

Name _____ Relationship _____

Phone _____ (Please fill out the back of this form)

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WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____
("Participant Minor Child") do hereby release, waive, discharge, and covenant not to sue and agree to hold members of St. Mark's Pro-Cathedral, its employees, and staff from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in St. Mark's Youth Activities. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff or volunteers of St. Mark's Pro-Cathedral or sustained before, during or after St. Mark's Youth Group.

Parent/Guardian Signature

Date

Please take a moment to let us know your preferences regarding our use of photos of your children:

YES. I grant you permission to use photos of my child in your promotional materials.

-OR-

I do NOT want my child's photo to be used on your website or in your promotional materials.

-OR-

Please do NOT take or use any photos of my child.

Child(ren)'s Name(s) (PLEASE PRINT): _____

Parent/Guardian's Signature

Date

For Office Use Only

DATE RECEIVED: _____

AMOUNT PAID: _____ CK#: _____ CASH: _____ SCHOLARSHIP: _____