



St. Anthony/All Saints Parish
Youth Ministry

Permission/Medical release form

Date: April 8, 2018

Student Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Activity St. Anthony/All Saints Formation Lesson at Culture Coffee and Waffles

I (Parents Name) _____ give permission for

(students name) _____ to attend the above activity.

In consideration of the student being allowed to participate in the above activity, on behalf of my student, my spouse and myself, I hereby assume all risks in connection with the above activity and I further release the Bishop of Youngstown, the Roman Catholic Diocese of Youngstown, St. Anthony/All Saints Parish and Religious Education Department and the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damages that the student or his/hers estate, myself or my spouse ever had, now has or may have due to the students participation in the above activity, including all risks connected therewith whether foreseen or unforeseen.

I case of emergency, please contact _____ at this
number _____.

I _____ give permission for treatment if needed.

Parents' signature _____