

St. Francis NCYC Hold Harmless/Consent to Treat/Parental Consent

Participant Name _____

Parent/Guardian Name _____

Address _____

Home Phone _____ **Parents Cell Phone** _____

Emergency Phone (if above numbers cannot be reached) _____

Student's Cell phone: _____

Allergies, Handicaps or other special conditions that apply to participant:

please fill in all above information

I, the undersigned parent/legal guardian of _____ request that my
(name of participant)
child be allowed to participate in the National Catholic Youth Conference in Indianapolis, IN
from Thursday, November 16 through Sunday, November 19, 2017.

I do hereby agree to hold harmless and indemnify the Diocese of Springfield, St. Francis of Assisi parish, and any and all of its agents, employees, chaperons, drivers, coaches or other adults acting as official of the above-named parish and diocese from any prosecution resulting from the injury/death of my child as a result of participation in this activity.

Further, in the event of sickness or injury to my child, and I cannot be reached, I hereby give permission for necessary medical treatment to be performed by a physician should the need arise.

I also indicate by my signature that I have been informed of the details of this event and that I hereby request that my child be allowed to participate in the stated event. I also give permission for my student's photo to be used for ministry website including the website or other publicity materials.

Included with this form should be a copy of your insurance card.

(signature of parent/guardian)

(date)