

OFCYM All Night Ski Event
Chestnut Mountain, Galena, Illinois
Friday, February 3rd to Saturday, February 4th 2012

YOUTH PERMISSION FORM

I hereby give permission for my youth _____ (fill in youth's name) to participate in the Office for Catechesis and Youth Ministry ALL NIGHT SKI EVENT to be held at Chestnut Mountain in Galena, Illinois from Friday, February 3rd to Saturday, February 4th 2012.

I hereby release and indemnify the Archdiocese of Chicago, _____ (name of your parish/school) for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of **alcohol or drugs, or rules governing the event**, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group, if there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperones for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ YES _____ NO

I AUTHORIZE THE OFCYM & (NAME OF YOUR PARISH) _____ to use photographs/videos of my child for productions, publications, and etc. YES NO

EMERGENCY CONTACT

Name of emergency contact: _____

Relationship: _____ Phone #: () _____

Name of physician: _____ Phone #: () _____

INSURANCE INFORMATION

Policy in the name of: _____ Policy #: _____

Insurance company: _____ ID #: _____

HEALTH INFORMATION

Allergies: _____ Current medication: _____

Other comments: _____

Parent/Guardian signature _____

Youth signature _____