

**TEEN NIGHT PARENT/GUARDIAN CONSENT FORM/ LIABILITY WAIVER**

Participant's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ phone \_\_\_\_\_

I ask for and grant permission for my son/daughter \_\_\_\_\_ to participate in an event that requires transportation to a location away from the parish. This activity will take place under the guidance and direction of employees and volunteers from St. John Fisher Church.

**What:** Bowling Trip  
**Where:** East Hampton  
**When:** Saturday, May 6th  
**Time of Event:** 4:45-8:30pm  
**Mode of Transportation:** Driven by volunteers.  
  
We expect to leave St. John Fisher by 5:30 and return around 7:30pm. We will have pizza before and ice cream and games after.  
  
**Cost: \$10.00**  
All checks should be made payable to St. John Fisher Church  
\_\_\_\_\_ cash \_\_\_\_\_ check (check number \_\_\_\_\_)

While youth are responsible for his/her own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my teen breaks any of the rules and has to be sent home. I agree on behalf of myself, my teen named herein, our heirs, successors, and assigns to hold harmless and defend the **ARCHDIOCESE OF HARTFORD**, St. John Fisher Church, its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my teen attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the above named parish, and the **ARCHDIOCESE OF HARTFORD**, its officers, directors, agents, employees, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my teen is in good health and I assume all responsibility for his/her health. In the event of an emergency and I can not be reached, I hereby give permission to transport my teen to a hospital or medical facility

and to seek medical attention. I give permission for the administration of non-prescription medication - aspirin, throat lozenges or cough syrup - if deemed appropriate and if the situation is not life-threatening.

I also understand that my child may be photographed for future publicity for the youth group.

Emergency contact person : Name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_  
Hospital Preference: Name \_\_\_\_\_ (town) \_\_\_\_\_  
Doctor: Name \_\_\_\_\_ (phone) \_\_\_\_\_  
Insurance: Company \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_  
Subscriber name \_\_\_\_\_ Subscriber # \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
Medications currently taking: (name and dosage) \_\_\_\_\_  
Allergies: (medication, foods, plants, insects) \_\_\_\_\_  
You should also be aware of these special medical /physical/ mental conditions of my child (special diet, sleepwalking, fainting, nose bleeds, recent injuries, exposure to contagious diseases,etc.):

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ I agree to abide by participant expectations and code of behavior