

St. Margaret Mary Youth Ministry High School Coalition for the Homeless 2021/2022

Participant's Name: _____ Date of Birth: ____/____/____

Address: _____ City/Zip: _____

Home Phone: (____) _____ Email: _____

Grade (Fall 2021): _____ School Attending: _____

Parent/Guardian's Name: _____

Phone # can be reached at during event: (____) _____

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship: _____

Phone #: (____) _____ (home/cell)

Consent & Liability Waiver

In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany St Margaret Mary Catholic Church Youth Ministry program to:

Event & Location: Coalition for the Homeless Men's Service Center 18 North Terry Avenue Orlando FL 32801	Method of Transportation: Personal car or van
Dates (2nd Wednesday of each month): 2021: August 11, September 8, October 13, November 10, December 8 2022: January 12, February 9, March 9, April 13, May 11, June 8, July 13, August 10	Time: 4:00pm-7:00pm

I acknowledge that St Margaret Mary Catholic Church is providing transportation only from the church's property to and from the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with St Margaret Mary Catholic Church rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, St Margaret Mary Catholic Church, the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.

Parent/Guardian Signature

Date

(Continues on other side →)

Medical Release/Information

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

Insurance Carrier: _____
Name of Insured: _____
Policy #: _____

Allergies (list):

Current Medications (list):

Chronic/Acute Illnesses:

Other Important Medical Information:

Parent/Guardian Signature

Date