

**ST. THERESA PARISH - LIFT YOUTH GROUP
PROGRAM PERMISSION SLIP**

PARTICIPANT NAME: _____ PARTICIPANT PHONE**: _____

**due to VIRTUS safe environment rules, this must be the participant's cell phone. Please list parent phone(s) as indicated below.

PARTICIPANT EMAIL ADDRESS: _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

MOTHER/GUARDIAN'S NAME: _____ PHONE: _____

Email address: _____

FATHER/GUARDIAN'S NAME: _____ PHONE: _____

Email address: _____

LOCAL PERSON TO CALL IN AN EMERGENCY (OTHER THAN PARENT OR GUARDIAN)

NAME: _____ RELATIONSHIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

I request that _____ participate in the LIFT Youth Ministry program at St. Theresa Parish for the period January 2020 – December 2020. I hereby release and indemnify the Archbishop of Chicago, St. Theresa Parish, 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 there are times the listed participant will be transported to/from an activity for LIFT. I understand that photographs and/or videos may be taken of my child at LIFT events. The Parish may use photographs or videos taken of my child at these events for promotion in the bulletin/parish website/parish social media. If I do not want the participant's picture taken, I will submit a letter in writing. If parents/guardians cannot be contacted in case of serious injury/illness, I authorize emergency action to be taken as deemed necessary, including transportation of the participant to a hospital or medical center. As a parent/guardian, I do herewith authorize treatment by a qualified and licensed medical doctor of the above-named participant in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undo discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

Signature of Parent/Guardian

Date