

# EVENT PERMISSION FORM

**Return form to: Theresa Fantone, St. Agnes Church, 108 Prospect Street, Avon 14414 or call Theresa in advance & bring form with you. Turn in deposit by March 17<sup>th</sup>.**  
(585) 315-6702 (c#) or 226-2100 e-mail: mt4226@aol.com

Name of Participant \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Grade \_\_\_\_\_  
Address \_\_\_\_\_ E-Mail address \_\_\_\_\_

**Event: Splash Lagoon in Erie, PA**

**Date: Sat., March 20, 2010**

**Time: 7:00 AM meet at rectory, return at 11:00 PM**

**Location: Erie, PA**

**Supervisor of Activity: Theresa Fantone, St. Agnes Youth Minister**

**Method of Transportation: bus and chaperones are needed**

**Fee: \$70.00 includes Bus/ all Day Water Park Pass & meals**

**DEPOSIT \$25 / person x \_\_\_ persons = DEPOSIT AMOUNT ENCLOSED \$ \_\_\_\_\_**  
( please bring cash for balance)

**Any food allergies or other allergies? \_\_\_\_\_**

I (we) \_\_\_\_\_ hereby consent to participation by my(our)youth, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the church. (Teens without parental / family accompaniment will not have direct supervision at all times but will be expected to behave in an appropriate manner. Young children will need to be supervised.) I further consent to the conditions stated above on participation of this event, including the method of transportation. I release St. Agnes staff and volunteers from any claim arising out of any accident or occurrence, causing injury to any person or property during this event.

\_\_\_\_\_  
[Parent(s)/Guardian(s) Signature(s)]

\_\_\_\_\_  
[Date]

**Please return form by March 17, 2010** to the Faith Formation/Youth Ministry Office at the above address, drop it off at the office. Also, RSVP to Theresa Fantone at (585) 315-6702 or e-mail [mt4226@aol.com](mailto:mt4226@aol.com) ASAP to let her know you are coming!! Seats are limited.

**Parents, Please note here if you are willing to chaperone. (Must have completed CASE)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Please complete the other side of this form as well – if not already on file for this year**

\*\*\*\*\* (tear off below reminder) \*\*\*\*\*

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Theresa Fantone: Phone # 315-6702

**HEALTH AND PERMISSION FORM**  
**For St. Agnes Church & Friends Youth Outing**

**Please complete the below information – if not already on file for this year**

Name of Youth \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's name/address/phone (list address & phone if different) \_\_\_\_\_

\_\_\_\_\_

Father's name/address/phone (list address & phone if different) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Home Phone \_\_\_\_\_  
(if other than parent/guardian) Cell Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # last four digits & suffix #: \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_

I / (we) certify that the above information is correct and give permission for my youth to be transported in privately owned vehicles for medical and other emergency purposes, and for release of medical records to an attending physician incase of illness.

In cases of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician selected to secure proper treatment for my youth named herein.

\_\_\_\_\_  
[Parent(s)/Guardian(s) signature(s)]

\_\_\_\_\_  
[Date]

**Please complete the other side of this form as well**