

*Espiritu Santo
Catholic Church*

2405 Philippe Parkway, Safety Harbor, FL 34695
727-726-8477

Parental Request for Parish Youth Events

INFORMATION ABOUT THE EVENT

EVENT:	G.O.T Festival --- Gifts of Talent
LOCATION:	Espiritu Santo Catholic School
DATE(S) & TIME(S):	Sunday, November 8, 2009 -- 10am – 3pm
SPONSOR:	Espiritu Santo Catholic Church

INFORMATION ABOUT MY YOUTH

NAME OF YOUTH: _____

DATE OF BIRTH: ____/____/____

HOME ADDRESS: _____

PARENT/GUARDIAN: _____

CELL PHONE: (____) _____ HOME PHONE: (____) _____

MEDIAL INFORMATION: Please list all information pertaining to allergies, diet, special medicine, health conditions or any other information necessary in an emergency situation. Explain fully:

CONSENT AND RELEASE

General: I hereby request and give permission for my youth to participate in the above event. I understand and assume the risk inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Most Rev. Robert N. Lynch, Bishop of the Diocese of St. Petersburg; the above Parish/School; and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I request the Parish/School representatives obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

Parent / Guardian Signature: _____

Date: ____/____/____

