

YOUTH ACTIVITY PERMISSION FORM
St. Anastasia- St. Boniface Catholic Faith Community
Kirk Hendrickson or Mary Lohaus: 234-6129 Youth Ministry/ RE Office St. Anastasia - Hutchinson
Karen Maiers 833-6020 – St. Boniface - Stewart

YOUTH
ACTIVITY _____

YOUTH'S NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

SCHOOL _____ GRADE _____ BIRTH DATE _____

**PARENT / GUARDIAN'S
NAME** _____

CELL PHONE _____ OTHER NO. _____

PERSON(S) OTHER THAN PARENT TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP _____

PHONE _____ CELL PHONE _____

**Medical Insurance is not required in order for youth to attend event. Information is only requested in the
regrettable event of an accident.**

MEDICAL INSURANCE PROVIDER: _____

POLICY NO. _____

PHONE NO. _____

I, the parent (guardian) of the above named child, hereby, give my permission for his/her participation in the youth activities named above. I agree to direct my child to cooperate and conform with directions and instruction of **St. Anastasia- St. Boniface Catholic Faith Community** personnel or volunteers responsible for such youth activities.

I agree that in the event my child is injured as a result of his/her participation in the above named youth activities, including transportation to and from these activities, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse. I understand that it is my responsibility to pay any co-pays to any medical institution or/and any balance not cover by any of the above mentioned.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I, hereby, give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PARENT / GUARDIAN'S SIGNATURE _____ DATE _____