

ST. MARY'S PARISH
OFFICE OF YOUTH MINISTRY
62 WARREN STREET
GLENS FALLS, NY 12801

Office of Evangelization and Catechesis
Roman Catholic Diocese of Albany

Hike at Sleeping Beauty
7/29/17

ACTIVITY/PROGRAM PERMISSION & MEDICAL CONSENT FORM

I, _____, the parent or guardian of _____,
(Name of parent/guardian) (Name of child/youth)

a child/youth at St. Mary's Parish, hereby grant permission for the above

child/youth to attend youth group Hike at Sleeping Beauty Fest Ann/Lake
(type of activity/program) (place of trip) Georg

with Maria Polidore + Parents
(Name of catechist/youth minister)

on 7/29/17 from approximately 7:30am to NOON, and I consent to his/her participation in this off site activity/program. I understand that my child/youth will get to the place of the

activity/program and return by Private Autos. Meet @ OLA parking lot
(Means of transportation)

I authorize the employees, representatives and chaperones of St. Mary's Glens Falls
(name of parish)

to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in above program.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment.

The person(s) who should be notified and the telephone number(s) are:

Name _____ Phone _____

Name _____ Phone _____

I fully understand what is involved in this trip, and I understand that I have the opportunity to call the catechist/youth minister and ask him/her about the activity/program. Maria Polidore 518-791-7919

In case of an emergency, I can be reached at _____

Parent/Guardian Signature _____ date _____