

ST. MARY'S PARISH  
Office of Youth Ministry  
62 Warren Street  
Glens Falls, NY 12801

Vicariate for Catholic Faith Formation and Education  
Roman Catholic Diocese of Albany

Bowling March 22, 2019  
Following stations  
of the Cross

### PARISH 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 Bowling at King Pins Alley  
(type of activity/program) (place of trip)

with Mrs. Polidore, Mrs. Behan 166 Saratoga Ave  
(Name of catechist/youth minister) South Glens Falls

on 3/22/19 from approximately 7:30 pm to 9 pm, 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 \* Students to be picked up  
(Means of transportation) by 9 pm at King Pins Alley  
We will carpool from Church after Stations.

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.

In case of an emergency, I can be reached at \_\_\_\_\_

(over) \* Parent/Guardian signature \_\_\_\_\_ 10/1/08

#### MEDICAL INFORMATION (please type or print)

Allergies \_\_\_\_\_