



St. John Neumann // Life Teen
Starve Wars Meal Packing Service
Friday, June 21st 10am-2:00pm
FREE!

Name of Participant _____

Gender M F Date of Birth _____ Age _____ Grade _____

Parent / Guardian's Name _____

Address _____

Primary Contact Phone # _____

Secondary Contact Phone # _____

E-mail Address: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

- Type of Event:** Service Project
- Destination of Event:** Georgia International Convention Center
- Individual in Charge:** Jason Gambon
- Estimated time:** 10:00am-2:00pm
- Transportation:** Core Member-Driven Vehicles

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this **PARISH, St. John Neumann**, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

Signature of Parent / Guardian _____ Date _____

PERMISSION FORM DUE NO LATER THAN JUNE 19th

Office Use:	<input type="checkbox"/> Cash // <input type="checkbox"/> Check
Number:	_____
Date:	_____