MEGATRAMPOLINE FUN ZONE

5593 North West Highway, Crystal Lake, IL
Tel: 815.893.7930 or 815.893.7932

Youth Ministry will be going to

Mega Trampoline in Crystal Lake on

Friday, February 24, 2017, from 8 p.m.—11 p.m.

The cost for this event is $15 includes soda and a slice of pizza.

Transportation is not provided; we will meet on site at 8 p.m.

Permission slip on back

Liability Release Form

Participant's Name: _____ Birth Date _____

Address _____ Year of Graduation _____

City _____ State _____ ZIP _____ Phone # _____

Parent/Guardian
One Form per Participant

I, _____ (Parent Name), give permission to my above named child to attend Mega Trampoline on Friday, February 24, 2017.

Please make checks payable to SMMYM

I grant permission for the administration of First Aid to my youth by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery deemed necessary for my child.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my youth's participation in the videotape and or still photographs, which may be used for future promotional efforts, including the Diocese of Rockford website and St. Margaret Mary website.

I hereby release and indemnify St. Margaret Mary Parish and its Staff and volunteers and the Catholic Bishop of Rockford from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medications in accordance with standard medical practice by licensed medical personnel. Finally, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by St. Margaret Mary Staff. I understand that St. Margaret Mary Church will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules my result in immediate dismissal from the event at my expense.

Parent Signature _____ Date _____
Phone number you may reached during this event _____

Regular Physician _____ Phone # _____

Insurance Information:

Insurance Company: _____ Policy Holder _____

Policy Number _____ ID/SSN _____

Please list all allergies and/or special medical concerns your child may have.