

SPECIAL EVENT CONSENT FORM

Youth Participant's Full Name:		
	Academic Year:	
Email Address: Youth's Cell:		
Special Event Consent	Special Event Desc	cription
I, the Parent/Guardian of the above named youth participant grant my permission for him/her to participate in the special youth ministry	Event Name:	
	Date(s) of Event:	
parish/diocesan event for which this form is	Event Location(s):	
intended. I understand that this event will be taking place offsite and that this activity will take place		
under the guidance and direction of employees		
and/or volunteers of Saint Francis of Assisi Parish and/or the Archdiocese of Chicago.	Event Coordinator(s):	<u> </u>
and/of the Archdiocese of Chicago.		
	Event Transport	ation
Special Event Cost	Mode of Transportation:	
Please submit along with this form a check made payable to <i>St. Francis of Assisi Parish</i> , for the indicated amount. This fee will cover event	Date & Time of Departure:	
	Date & Time of Return: *All events will depart from and return to Saint Francis of Assisi Parish.	
admission and transportation, if provided.		-
\$	NO TRANSPORTATION PROVE to/from event is the responsibility	*
Ψ	to/from event is the responsibility	or the participant.
**I understand that in order for my son/daughter to participate in this activity I must also have the Annual Registration Form on file with Saint Francis of Assisi Parish. Failure to have completed properly the Annual Registration Form and/or the Special Event Consent Form will prevent my son/daughter from participating in this activity. I also recognize that if my son/daughter's medical information has changed that I will need to submit a new Annual Registration Form with this consent form.		
Parent/Guardian Signature:	Date:	
Please Print Name:	Email Address:	
Home Phone Number:		
Emergency Contact Name:	Relationship:	
Home Phone Number:	Cell Phone Number:	
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NOTARY IS REQUIRED FOR AL	L OUT OF STATE TRIPS	Notary's Seal
Parent/Guardian Signature:		I I
Witnessed by:	this day of	
Notary's Signature:		į