SAINT VINCENT DE PAUL CATHOLIC CHURCH
IGLESIA CATÓLICA DE SAN VICENTE DE PAÚL

8345 Talbert Avenue Huntington Beach, California 92646-1599 (714) 842-3000 Fax (714) 842-6780

OUR PARISH MISSION: *Following Jesus and centered in the Eucharist, we worship God and serve others.*

FAITH FORMATION & DIOCESE OF ORANGE STUDENT PERMISSION & RELEASE FORM

I here by consent to (print name of student)_________________________________ Age______ Grade _______ participating in the Faith Formation **EDGE Retreat** on Monday, **January 21, 2019, from 1:00 PM to 8:00 PM** at the Saint Vincent de Paul Catholic Church.

I, the Parent (guardian) of the above named child, hereby give my permission for his/her participation in the above named activities. I agree to direct my child to cooperate and conform with directions and instructions of parish, school or diocesan personnel responsible for these activities.

As a condition of my child being allowed to do so, I hereby release and discharge the Diocese of Orange, its constituent organizations, including but not limited to The Roman Catholic Bishop of Orange, a Corporate Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damage are caused by negligence, active or passive, of any of entities, individuals named or described above.

I agree that in the event my child is injured as a result of his/her participation in the above named activities, including transportation to and from these activities, whether or not caused by the negligence, active or passive of the parish, school or diocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will be first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of mine or my spouse. I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any activity.

I, hereby authorize the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I, hereby waive any right to compensation or any right that I otherwise might have to limit or to control such making or use.

I, hereby give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff. If there are any questions please call at (714) 842-3000.

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Parent or Guardian Name (Print)   Parent or Guardian (Signature)   Date

____

Address   City,   State,   Zip

____

Home Telephone   Office Telephone   Physician Telephone

____

Family Physician   Insurance Company   Policy No.

Is there a medical condition, allergy, learning or physical disability we should know about? No ___ Yes ___

If yes please explain and which child the condition pertains to.

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Person other than Parent to notify in case of an Emergency:

____

Name   Relationship   Telephone

Fr. Jerome,

I agree to cooperate with the staff of the Faith Formation Program.

STUDENT SIGNATURE:____

Make Checks Payable to S.V.D.P. (Saint Vincent De Paul)

DEPOSIT AND/OR FEES WILL RESERVE YOUR SPACE AND IS NOT REFUNDABLE.