



Archeparchy of Philadelphia - Parish Annual Permission Form and Medical & Liability Release

PARISH/INSTITUTION St. Josaphat Ukrainian Catholic
(To be typed or written on the master copy)

<i>Youth Name:</i>	<i>Home Phone:</i>
<i>Parent(s) Name:</i>	<i>Work Phone:</i>
<i>Address:</i>	<i>Other Number where Parent can be reached:</i>
<i>City/State/Zip:</i>	<i>Parish and City/State:</i>
<i>Youth's Date of Birth:</i> <i>Age:</i>	<i>Grade:</i> <i>School:</i>

In consideration of the recreational and spiritual experience in which my son/daughter will participate, I the undersigned parent/guardian of _____ (youth name), a minor, do hereby give my permission for _____ (youth name) to fully participate in all activities of the above named parish/institution during the current calendar year.

In consideration of the opportunity for my son/daughter to participate in activities, I agree to **RELEASE AND HOLD HARMLESS AND INDEMNIFY** the Most Reverend Stefan Soroka, Metropolitan-Archbishop of the Ukrainian Catholic Archeparchy of Philadelphia, the Metropolitan Archeparchy of Philadelphia, _____ (parish name/address) and all their agents and employees from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter's participation in any of the parish/institutional activities.

I hereby give permission to any staff person/chaperone to obtain medical care from a licensed physician, hospital, or medical or dental clinic for my son/daughter in the event I cannot be reached. I assume the responsibility for all medical expenses and transport fees incurred.

Parent or Guardian Signature

Date

Relationship to participant

Medical Information

Family Physician _____ Phone _____

I am covered by hospitalization and medical insurance under:

Insurance Company _____

Policy Number _____ Group Number _____

Allergies, medical conditions, illnesses, physical handicaps, etc. : _____

Medications Taken: _____

Dietary restrictions: _____

Limitations: _____

Alternate Contact in case of Emergency:

Name _____ Relationship _____ Phone _____

Parent or Guardian Signature _____

Date _____