

Holy Redeemer Parish

YOUTH EVENT:

**Hiking @ Moraine State Park
on Wednesday, June 7, 2017**

5:30 PM to 9 PM

NAME: _____ **Age** _____ **Male / Female**

Address: _____ **Phone #:** _____

PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned activity on the above written date, and to be driven by a CYM adult/parent to Moraine State Park.

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this trip, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to **Holy Redeemer Parish** or the **Roman Catholic Diocese of Pittsburgh** for the payment of any medical costs or injury related cost.

Parent/Guardian Signature _____ **Date:** _____

Parent/Guardian Phone Number _____

Insurance Company _____ **Policy Number** _____

Name & Phone Number of Person if parent is not available.

Meet at the Catholic Center at 5:30 PM to Car Pool to Moraine.