

# Holy Redeemer Parish

**YOUTH EVENT: Mass & Picnic @ Ewing Park – Shelter # 6, Ellwood City, PA  
on Sunday, July 23, 2017 from 6:00-8:30 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.

## 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** \_\_\_\_\_

**Parent/Guardian Phone Number** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

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

\_\_\_\_\_

**RSVP by: Tuesday, July 18, 2017**      **DATE:** \_\_\_\_\_