



Our Lady of the Fields Church
1070 Cecil Avenue
Millersville, MD 21108
410-729-1702

Youth Name: _____ Home Phone: _____

Parent Name: _____ Work Phone: _____

Other number where Parent can be reached: _____

Address: _____ City/State/Zip _____

Youth E-Mail Address: _____

Date of Birth: _____ Male Female (please circle)

Event: _____

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter do hereby agree to allow my son/daughter to accompany the youth ministry group of their Our Lady of the Fields Church. In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY Our Lady of the Fields Church, the Division of Youth & Young Adult Ministry, LifeTeen, the Roman Catholic Bishop of Baltimore and his successors, A Corporate Sole, and all their agents, servants and employees from any liability, claims, demands and causes of action arising out of my son/daughter's participation in the Program.

I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

Check one of the following:

I am covered by hospitalization and medical insurance under policy. (Please update as needed)
_____ issued by _____.

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (circle all that apply):

Tylenol Benadryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

ADD any other medical information concerning medication, allergies, illness, OR DIETARY RESTRICTIONS, etc. on separate page.

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by Our Lady of the Fields Church or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child to be photographed or filmed should notify the parish in writing. Please note that the parish has no control over the use of photographs or film taken by media that may be covering the event in which your child participates.

Date

Parent/Guardian Signature