St. Theresa / Most Precious Blood Youth Ministry

My son/daughter has permission to join the Religious Education/Youth Ministry at

_____

_____ _____
Child's Name Address

_____ _____ _____
Home Phone Work Phone Cell Phone

_____ _____ _____
Emergency Contact (Other than a parent) Relationship Emergency Phone

_____ _____
Doctor's Name Phone

_____ _____
Health Insurance Company Policy #

_____
Any known allergies

In signing this form, I also hereby for myself, my ward, heirs, executors, administrators and assignees, agree to indemnify and hold harmless, the Roman Catholic Archbishop of Boston, a Corporation Sole, and its agents, servants, and employees incident to all claims for losses, injuries and damages that I or my family may have incident to the above activity.
In case of medical or other emergency, I designate the leader of St. Theresa/Most Precious Blood's group (or his/her delegate) to seek the appropriate attention.

_____ _____ _____
Signature Printed Name Date