



DIOCESE OF SAN JOSE | HOLY SPIRIT PARISH
PARENTAL PERMISSION AND RELEASE FORM



Event: Laser Tag!

Date: Wednesday, July 25

Where: Laser Quest | 1035 E Capitol Expressway #10

Time: 6:15pm-10:00pm Cost: \$30 (cash or check payable to 'Holy Spirit Church')

****Deadline to turn in permission forms: Monday, July 23**

Special Notes:

- Space is limited. Youth will be accepted on a first-come, first-served basis.
- Must have permission form in order to participate.
- Please meet at Holy Spirit no later than 6:15pm. We will check-in and leave by 6:30pm.
- Bring extra change for arcade games. Dinner and snacks will be provided.

Parents: are you able to help as a driver? Yes No (circle your option) How many passengers can you take? _____

Youth Full Name: _____ DOB: _____ Gender: _____

Address: _____

Phone: _____

Parent/Guardian's Full Name: _____ Phone: _____

Email: _____

In case of an emergency and we are unable to reach you:

Emergency Contact #: _____ Phone: _____

I, the parent/guardian of the above-named child, hereby permit my child to participate in the above-mentioned event. I agree to direct my child to cooperate with and conform to the directions and instructions of the parish and/or diocesan personnel responsible for the activity. I agree to have the accompanying adult leaders to instruct and enforce upon my child appropriate behavior.

I have the following medical insurance that would cover any hospital, medical and related costs and expensed in the event of illness or accident of any emergency, nature, as follows:

Doctor's Name *Dr.'s Phone #*

Insurance Name *Policy#*

In the event my child is injured or becomes ill and requires emergency medical attention, I understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. I am not aware of any medical condition of my student that would render it inappropriate for him/her to participate in any such activity. I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician. Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of San Jose.

In signing this form, I acknowledge that the information I have given is accurate and agree to the travel arrangements outlined above. I will direct my child to cooperate with the rules and instructions of the ministry and parish. In the event that my child consistently misbehaves and/or acts inappropriately, I take full responsibility for making arrangements to have my child be dismissed and sent home.

Parent / Guardian signature: _____ Date: _____