

Permission & Agreement Form

I/we, the undersigned parent(s) or legal guardian(s) of _____
Print Child's Name

Do hereby give permission for my child to take part in the following activity:

Description: Diocesan Youth Conference
Date(s): March 12, 13 and 14, 2010
Location: Collinsville Gateway Convention Center
One Gateway Center
Collinsville, IL 62234
(618)-345-8998
FAX: (618) 345-9024
info@gatewaycenter.com

Drury Inn Collinsville
www.druryhotels.com
602 North Bluff Road
Collinsville, IL 62234-6204
(618) 345-7700

Transportation: Private Cars

I/we further understand and agree that I/we assume full responsibility for any loss or damage to property or for bodily injury to others, caused by the above named child, whether by accident or intent.

It is further understood that I/we assume all responsibility for payment of any medical expenses incurred by the child due to any illness or injury incurred during the above described activity.

I/we have read the above Form; I/we fully understand the Agreement and consent to its terms.

X _____

X _____

Emergency Phone Number _____

Date _____