

PERMISSION SLIP FOR EDGE 2010-2011

YOUTH'S NAME: \_\_\_\_\_

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STREET: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S CELL PHONE: \_\_\_\_\_ WORK  
PHONE \_\_\_\_\_

MOTHER'S  
NAME: \_\_\_\_\_

MOTHER'S CELL PHONE: \_\_\_\_\_ WORK  
PHONE \_\_\_\_\_

YOUTH'S E-MAIL \_\_\_\_\_ FAMILY E-  
MAIL \_\_\_\_\_

IN CASE OF EMERGENCY PLEASE  
CONTACT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL  
PHONE \_\_\_\_\_

RELEASE

We do hereby give our permission for our child, \_\_\_\_\_ to engage in the various activities sponsored by St. Thomas More for its EDGE middle school youth program, including, but not limited to, travel in automobiles and church bus, attendance at related group activities, and general participation in any and all sponsored by or associated with STM's youth group known as EDGE.

We agree that any photos or videos taken by the group can be used by the youth group director in communications such as the GA bulletin, the STM website and bulletin. Nothing will be posted to "you tube" or "Facebook" without permission of those involved.

We agree and affirm that the chaperones and St. Thomas More shall be held harmless for all injuries that may befall our child in absence of gross neglect on their part.

The chaperones have permission to seek medical attention for my child should he/she deem it necessary

YES \_\_\_\_\_ NO: \_\_\_\_\_ (CHECK ONE)

Hospital Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Medical information we should know (allergies, carsickness, medication your child is taking, etc.)

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Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_