

# Youth Ministry Trip Registration/Permission Slip

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Trip	Date of trip
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Name	Cell phone	E-mail address
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Street Address	City	State	Zip code	Home phone
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Parish	Birth date	School	Grade
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Please submit this form one week prior to the date of the event.

## PERMISSION

I/we, the parents or guardians of the above mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above mentioned one-day program, at the specified location, on the above written dates.

## INDEMNIFICATION

In consideration of the Office for Youth and Young Adult Ministry's agreement to allow my/our child to participate in the one-day program, and intending to be legally bound, hereby, I/we agree to indemnify and hold harmless, the Office for Youth and Young Adult Ministry, specified location, the Catholic Institute of Pittsburgh, and the Roman Catholic Diocese of Pittsburgh, their agents, successors and legal representatives, from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone acting on his/her behalf, from any and all liability for personal injury (including death) and property losses or damage sustained by my/our child as a result of, or in any way related to, his/her participation in the above mentioned program.

## MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in this one-day program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we, for myself/ourselves, for my/our child our respective heirs, and my/our respective legal representatives, do hereby indemnify and hold harmless any representative of the Office for Youth and Young Adult Ministry and specified location from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Office for Youth and Young Adult Ministry, specified location, the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

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Parent/Guardian Signature	Parent/Guardian Phone Number
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Health Insurance Company	Policy Number
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Emergency Contact & Phone Number if parent/guardian is not available