

# ST. JOSEPH PERMISSION, MEDICAL, AND RECORDING RELEASE FOR YOUTH MINISTRY 2010-2011

Once this form is complete, it will go on file for ALL youth ministry activities from \_\_\_\_\_ through the end of June 2011  
(today's date)

**Permission** My child whose name appears below has my permission to participate in youth ministry activities sponsored by Saint Joseph Church of Libertyville from the date that this form has been submitted (fill in space above) to the time he/she graduates high school. If I wish to withdraw my permission for a particular event or activity I will put that withdrawal in writing at least 10 days in advance of the event. I also accept responsibility for notifying the Director of Youth Ministries with any and all changes to the information included in this form.

**Medical** I understand that neither St. Joseph Church of Libertyville, the Archdiocese of Chicago, nor any of their agents are responsible for any medical expenses as a result of injury sustained by my child. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licenses medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

**Recording** I also give permission for recordings of events including my child, whether audio, video, or photograph to be used in places such as, but not limited to, the parish bulletin, the youth ministry and/or parish websites, the Archdiocesan newspaper, parish productions, etc. Such use of recordings will NOT include full names or any personally identifying individual information. I give St. Joseph Church of Libertyville the absolute right to use and/or copyright and/or publish in any medium for advertising and/or promotion of St. Joseph Church of Libertyville, without limitation, these recordings made of my child, whether such recordings be edited or otherwise changed in character or form, and/or any other information about my child's relationship with St. Joseph Church of Libertyville. I understand that I have no right to inspect and/or approve the promotional productions in which my child's first name, recording, and/or other information about my child's relationship with St. Joseph Church of Libertyville is used. I also understand that I have no rights to such recordings or productions.

I agree that under no circumstances shall I have a right to maintain any cause of action against St. Joseph Church of Libertyville for anything done pursuant to the terms of this Release, or against anyone else acting by virtue of the terms of this Release.

This Release is completed and signed of my own free will with the purposes of giving permission for my child's participation in youth ministry events, authorizing medical treatment under emergency circumstances in my absence, and allowing recordings that include my child to be published for promotional purposes without personal information.

**Youth Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Youth Cell: (optional)** \_\_\_\_\_

**Grade During '10-'11 School Year:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Youth Date of Birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Youth Email Address:** \_\_\_\_\_

*Email addresses are never shared or published. **Please do not provide a teen email address alone (without a parent one).***

**Parent Email Address:** \_\_\_\_\_

*Email addresses are never shared of published. **Feel free to provide parent email only if you prefer.***

**Physician Name & Phone:** \_\_\_\_\_

**Medical Insurance Co:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Allergies, chronic illness, or medical conditions:** \_\_\_\_\_

**Emergency Contact Name, Relation, & Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

**(please check one)** St. Joseph Parishioner \_\_\_\_\_ **OR** Friend of St. Joseph Parishioner? \_\_\_\_\_ \*\*

\*\* Friends of St. Joseph parishioners will not receive information about upcoming youth ministry activities unless they specifically request to be included in St. Joseph communication efforts. Friends of St. Joseph parishioners wishing to receive youth ministry updates, initial here: \_\_\_\_\_