

# ST. BERNADETTE YM LOCK-IN

Permission Form      Parent/Guardian Authorization

Permission Form Due on Sunday, August 8 at the Rectory by 12:15 pm.

I request that **St. Bernadette Parish** allow my child \_\_\_\_\_ to participate in the following sponsored activity held on St. Bernadette Parish's grounds.

Name of Activity: **Summer Lock-In Overnight**

Date and Time: **Saturday, August 14** (doors open at 11:15 pm, begins at 11:30 pm) to **Sunday, August 15** (ends after 7 am Mass). Participants must attend the whole night. No admittance after 12:15 am. **Because of Evergreen Park curfew laws, any individual under 18 must be dropped off by a parent after 11:30 pm.**

Place of Activity: St. Bernadette Parish

Method of Transportation: None

Designated Supervisor of Activity: Tom McNamara, Kiera Vizza

Cost: **Free**

I am a VIRTUS-trained adult and can help chaperon at the following times:

11:30 pm-3:30 am    3:30 am-7:30 am    Chaperon's Name and Number:

I understand that the activity will take place on parish premises. I further consent to the conditions stated on participation in this event. Participants and parents registering their child in these programs must recognize however that there is an inherent risk of injury when choosing to participate in any physical activities. Still photographs may be taken during Youth Ministry events. This authorization constitutes permission for my child's participation in still photographs, which may be used for future promotional efforts, including the bulletin, newsletters, and parish youth ministry website. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about the situation and/or arrangements made to send my child home at my expense.

I hereby release and indemnify **St. Bernadette Parish**, its staff and its volunteers, the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind of nature whatsoever from my child's participation in this event.

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Insurance Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
(Area Code) Parent's Phone

\_\_\_\_\_  
Teen's Grade

\_\_\_\_\_  
Teen's School

\_\_\_\_\_  
Parent's Email

\_\_\_\_\_  
(Area Code) Teen's Phone

\_\_\_\_\_  
Teen's Email

## WE HOPE YOU CAN ATTEND!

Email Tom McNamara at [bernadetteYM@gmail.com](mailto:bernadetteYM@gmail.com) or call 708.692.7078 for more information.

Friends from outside the parish are invited to attend!