

**Diocese of Gary Activity Release Form
Participant Information**

Name _____

Street _____

City _____ ST _____ Zip _____

Phone _____ Date of Birth _____ Grade _____

Name(s) of Mother & Father (or legal guardians): _____

Parent's address (If different from your own):

Street _____

City _____ ST _____ Zip _____

Insurance Company _____ Policy Number _____

Activity Information (be specific):

Parish/Organization: **Holy Spirit Catholic Church/ Jr. High Youth Group**

Activity: **Ice Skating**

Place: **Deep River Park on US 30**

Date of Activity: **Saturday, January 6, 2007, 12:30PM until 3:30PM**

Adult Chaperones: **Sandy Lugosan, Mickey Manoski and other parents**

Day of Event Phone: **661-0644 (Holy Spirit Church) 219-680-9478 (Mickey's cell)**

Permission and Medical Treatment Waiver

I, _____, the parent/guardian of _____ do hereby give my permission for him/her to attend the above activity and to be treated for a medical emergency in my absence while participating in the Jr. High program. The Adult supervisor may act as an agent in my absence. In case of accident, I do not hold the Diocese of Gary, the parish, its staff, or the adult chaperones responsible.

In case of emergency, if I am not available at the above address and phone, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Special Dietary Needs: _____

Medications and Allergies: _____