CATHEDRAL YOUTH GROUP PERMISSION SLIP

YOU MUST HAVE A SIGNED PERMISSION SLIP TO PARTICIPATE.

I,	(PARENT/GUARDIAN) REQUEST THAT		
MY CHILD	BE ALLOWED TO		
PARTICIPATE IN	AT		
ON		_ (DATE), SPONSORE	D BY THE
CATHEDRAL OF THE ASSUMPTION .			
I FURTHER GIVE MY PERMISSION FO DESIGNATED BY THE ADULT IN WHO WHILE PARTICIPATING IN THE ABOV	OSE CARE MY	CHILD HAS BEEN EN	
IN CONSIDERATION OF PERMITTING I DO HEREBY, FOR MYSELF AND MY AND ALL CLAIMS THAT I MIGHT HAV ASSUMPTION OF THE ARCHDIOCESE PERSONNEL OF THE CATHEDRAL, W DESIGNATED DRIVER OF A VAN, BUSINJURIES, LOSSES, OR OTHER CLAIWHILE ENGAGED IN THE ABOVE ACTROM THE ACTIVITY.	CHILD/CHILD /E AGAINST T E OF LOUISVI VHETHER SAI S, CAR, OR V MS SUFFERE	OREN WAIVE AND RELICHE CATHEDRAL OF THE LE AND ANY AND ALLARIED OR NOT, AND ALLEHICLE, FOR ANY AND BY SAID CHILD/CHIL	EASE ANY HE L ANY D ALL DREN
SIGNATURE OF PARENT/GUARDIAN		Date	·
Address			
CITY	STATE	ZIP	
Home Phone	CELL PH	ONE	
EMERGENCY CONTACT		PHONE	