

PARENTAL PERMISSION SLIP – St. Vincent de Paul Youth Ministry

My son/daughter/guardianship has my permission to attend parish/diocesan youth events as scheduled. These events will take place under the guidance and supervision of employees and volunteers from the St. Vincent de Paul Parish.

- † **Beer, Liquor, Illegal Drugs, etc are not to be brought to or used any time during the event. Violators will be sent home immediately.**
- † **All participants are expected to behave and dress in an appropriate manner. Please dress in a casual/comfortable style in accordance with the Diocesan Guidelines for appropriate dress:**
 - **No clothing with advertisements for alcohol, drugs or tobacco products.**
 - **No inappropriate slogans or designs (if you have to ask, don't wear it).**
 - **Dresses and skirts should be appropriate in style and length (no more than 5 inches above the knee) and should not be revealing.**
 - **Sweaters or shirts must cover the stomach/midriff.**
 - **Extremely low-rise pants (or clothing that is rolled down from the waist) are not appropriate.**

I have reviewed the rules as stated above with my child and realize that any serious infraction of the rules will result in immediate dismissal from the event. **I will be responsible for providing immediate transportation home.**

I give permission for photographs or video of event participants to be used in publications, web sites, brochures, flyers or other promotional material produced from time to time by the parish. I acknowledge that radio stations, television stations, newspapers and web sites occasionally cover Youth Ministry activities and may request an interview with my child.

I understand that the St. Vincent de Paul Parish, and the other adults from our parish, has full authority for enforcing the rules and making decisions for the good of the entire group. I will accept and support the leaders of the parish.

Youth Participant's Name _____

Address _____ City _____ State _____ Zip _____

IN CASE OF AN EMERGENCY, I CAN BE REACHED AT: Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Relative/Neighbor _____ (Phone) _____

Physician _____ (Phone) _____

Please list medications currently taking: **(please send any medications required during each event)** _____

Please list any allergies to medications or all other allergies: _____

Signature of Parent or Guardian

Date

Signature of Youth Participant

Date

**Summit Fitness Center
6930 Williams Road, Entrance D
Niagara Falls, NY 14304
(716) 297-4300**

PARENTAL PERMISSION SLIP – St. Vincent de Paul Youth Ministry

My son/daughter/guardianship has my permission to attend Gym Night at Summit Fitness Center. These events will take place under the guidance and supervision of employees and volunteers from the St. Vincent de Paul Parish and Summit Fitness Center.

- † **Beer, Liquor, Illegal Drugs, etc are not to be brought to or used any time during the event. Violators will be sent home immediately.**
- † **All participants are expected to behave and dress in an appropriate manner. Please dress in a casual/comfortable style in accordance with the Diocesan Guidelines for appropriate dress:**
 - **No clothing with advertisements for alcohol, drugs or tobacco products.**
 - **No inappropriate slogans or designs (if you have to ask, don't wear it).**
 - **Sweaters or shirts must cover the stomach/midriff.**
 - **Extremely low-rise pants (or clothing that is rolled down from the waist) are not appropriate.**

I have reviewed the rules as stated above with my child and realize that any serious infraction of the rules will result in immediate dismissal from the event. **I will be responsible for providing immediate transportation home.**

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I understand that the St. Vincent de Paul Parish, and the other adults from our parish, has full authority for enforcing the rules and making decisions for the good of the entire group. I will accept and support the leaders of the parish.

Youth Participant's Name _____

IN CASE OF AN EMERGENCY, I CAN BE REACHED AT: Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Please list medications currently taking: (**please send any medications required during each event**) _____

Please list any allergies to medications or all other allergies: _____

Signature of Parent or Guardian

Date

Signature of Youth Participant

Date