

# PERMISSION SLIP & REGISTRATION FORM

**Activity:** \_\_\_\_\_

**Cost:** \_\_\_\_\_

**When:** Date: \_\_\_\_\_ Time (from p.m. to p.m.) \_\_\_\_\_

**Where Meet:** St. Theresa Dolan Center Parking Lot (455 N. Benton St., Palatine, IL 60067)

*Make all checks payable to St Thersa Parish c/o LIFT MINISTRY and send to  
455 N. Benton St., Palatine, IL, 60067. For more information, email liftministry@sttheresachurch.org*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE IN SCHOOL: \_\_\_\_\_

**By my signature, I give my permission for my child to attend the above-mentioned events & all activities related to that event. I also give permission for any photos taken of my child at these events, to be used on the web site [www.StTheresaChurch.org](http://www.StTheresaChurch.org).**

**Signed,** \_\_\_\_\_  
(Signature of parent/guardian)

**Date:** \_\_\_\_\_  
(Date signed)

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## ST. THERESA PERMISSION & INSURANCE RELEASE

(If you complete this permission slip, it will go on file and cover future events)

### TO WHOM IT MAY CONCERN:

My child whose name appears above has my permission to participate in the specified events (and all event-related activities) sponsored by St. Theresa Parish. If I wish to withdraw my permission for a particular event or activity, I will put that in writing at last 10 days in advance of the event. I also accept responsibility for notifying the organizer with any changes in information included in this permission and insurance release (e.g. phone, address, allergies, other contacts, etc.). I understand that neither St. Theresa Parish, nor any other Chicago Archdiocesan parish, nor the Archdiocese of Chicago (A Corporation Sole), nor any of the agents, volunteers, and employees are responsible for any medical expenses as a result of any such injury sustained by my child. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed 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 a reasonable effort has been made to reach me. I also grant permission for the adult chaperone for this event to administer non-prescription drugs as needed for my child, if deemed necessary. This release is intended for the time period from DATE to DATE. This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence and giving permission for my child's participation in activities.

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other condition: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_

Name of contact in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
(Father / Mother / Legal Guardian) (Phone Number) (Date Signed)