

**St Mary Magdalen Parish Faith Formation Center
2532 Ventura Blvd. Camarillo, CA 93010
(805)482-1219**

STUDENT PARTICIPATION PERMISSION FORM

(Student's full name) _____ has my permission to attend all regularly scheduled and planned special events of St. Mary Magdalen BASIC Youth Ministry, Confirmation, Junior High! Ministry and Friends and Family Growing Together which take place on St. Mary Magdalen Parish grounds and to participate in all planned trips and activities which take place away from the site of St. Mary Magdalen Parish, for the time period beginning September 1, 2007 and ending October 1, 2008.

I authorize the adult leaders of St. Mary Magdalen to give consent for any emergency medical treatment for the above named student should it become necessary. I understand that every effort will be made to contact me in such an emergency.

I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations, including but not limited to St. Mary Magdalen Church and their officers, agents and employees, from any and all claims for personal injuries or property damage that my student may suffer as a result of their participation in any and all programs and events described above, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described above.

I hereby authorize the making of photographs, video, recordings or other memorializing of the events and my student's participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I agree to direct my student to cooperate with the directions and instructions of the personnel having supervision of all St. Mary Magdalen events, and to abide by the rules and regulations governing these programs and events. I understand that if discipline becomes an issue, I will be contacted to come and pick up my student.

Emergency Medical Information:

Parent(s) name(s) _____

Address _____ Phone # _____

Cell Phone or other evening emergency # _____

Medical Insurance Carrier _____ Policy #/Group # _____

Family Doctor _____ Phone # _____

Special Medical Instructions/Allergies _____

Date of last Tetanus Shot _____ Student Birthdate _____

I warrant and represent that I am the parent/guardian of above named student and am legally responsible to provide permission for above-mentioned activities. I certify that all the statements made on this registration form are true and complete to the best of my knowledge.

_____(Parent/Guardian signature) Date: _____