



# SPECIAL EVENT CONSENT FORM

Youth Participant's Full Name: \_\_\_\_\_  
 T-Shirt Size: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Youth's Cell: \_\_\_\_\_

**Special Event Consent**

I, the Parent/Guardian of the above named youth participant grant my permission for him/her to participate in the special youth ministry parish/diocesan event for which this form is intended. I understand that this event will be taking place offsite and that this activity will take place under the guidance and direction of employees and/or volunteers of Saint Francis of Assisi Parish and/or the Archdiocese of Chicago.

**Special Event Description**

Event Name: \_\_\_\_\_  
 Date(s) of Event: \_\_\_\_\_  
 Event Location(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Event Coordinator(s): \_\_\_\_\_  
 \_\_\_\_\_

**Special Event Cost**

Please submit along with this form a check made payable to *St. Francis of Assisi Parish*, for the indicated amount. This fee will cover event admission and transportation, if provided.

\$ \_\_\_\_\_

**Event Transportation**

Mode of Transportation: \_\_\_\_\_  
 Date & Time of Departure: \_\_\_\_\_  
 Date & Time of Return: \_\_\_\_\_  
*\*All events will depart from and return to Saint Francis of Assisi Parish.*

NO TRANSPORTATION PROVIDED. Transportation to/from event is the responsibility of the participant.

*\*\*I understand that in order for my son/daughter to participate in this activity I must also have the Annual Registration Form on file with Saint Francis of Assisi Parish. Failure to have completed properly the Annual Registration Form and/or the Special Event Consent Form will prevent my son/daughter from participating in this activity. I also recognize that if my son/daughter's medical information has changed that I will need to submit a new Annual Registration Form with this consent form.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Please Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**NOTARY IS REQUIRED FOR ALL OUT OF STATE TRIPS**

Parent/Guardian Signature: \_\_\_\_\_  
 Witnessed by: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
 Notary's Signature: \_\_\_\_\_

*Notary's Seal*