



PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER
ST. PETER THE APOSTLE CATHOLIC CHURCH, 202 KRONKOSKY, SAN ANTONIO, TEXAS 78006

Participant's Name: _____ Grade _____
Birth Date: _____ Sex: _____ Campus _____
T-Shirt Size: _____ Teen Cell Phone: _____
Teen Email: (if you use it) _____
Parent/Guardian's Name _____
Home Address: _____
Street, City, & Zip _____

I, _____, grant permission for my son/daughter, _____
Parent or Guardian's Name Child's Name

To participate in field trips/youth events that require transportation to a location away from the parish site. These activities will take place under the guidance and direction of parish employees and/or volunteers from **St. Peter the Apostle Catholic Church**. These field trips will occur as follows:

Youth activities for the year July 1, 2008 through June 30, 2009

You will be notified of youth events as they are planned
by church bulletin, mail and/or Phone Tree.

As parent/legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above.

I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend **St. Peter the Apostle Catholic Church**, its officers, directors, agents, and the Archdiocese of San Antonio from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named events, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of San Antonio, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature

Date

TEEN CREED: I will not bring or purchase any alcoholic beverages, tobacco product or unauthorized drugs to these events. I will follow all the rules and enforce them to the best of my ability. I will respect the chaperones, the property, the guidelines, and my peers during the events. I understand that if any of these items are found in my possession or if my behavior is inappropriate, my parents may be called and asked to pick me up.

Teen Signature

Date

PLEASE SEE BACK →

SWIMMING PERMISSION FORM

Swimming will be an optional activity for the year July 1, 2008 thru June 30, 2009.

I, the undersigned parent /guardian of _____, a minor, hereby release and agree to hold harmless St. Peter the Apostle Catholic Church, Boerne or any of its advisors, chaperones, or persons connected with the activity from any liability, claims, damages for personal injury, property loss/damage which may result during the event.

Your signature attests to the fact that your son or daughter has the necessary swimming skills to participate.

Dress code for girls: One piece swim suits or two piece suits with a t-shirt cover are required. A tankini style suit (2-piece that appears to be a 1-piece) is permitted if it does not have a bikini bottom. Any swim suit that does not meet the spirit of this dress code will also require a t-shirt cover. We appreciate your help in promoting modest dress.

PARENT SIGNATURE _____ **DATE** _____

LUNCH PERMISSION FORM

I give permission for my son/daughter, _____ to eat lunch in the company of youth ministers or other representatives of St. Peter the Apostle Catholic Church on the days that they are present at my child's school.

PARENT SIGNATURE _____ **DATE** _____

MODEL RELEASE STATEMENT

I hereby GRANT / DECLINE (circle one) permission for my child _____ to be photographed and/or videotaped during LIFE TEEN and/or youth activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further GRANT / DECLINE (circle one) permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast (newspaper, church bulletin, church website, etc.) for the purpose of promoting the LIFE TEEN and/or youth programs at St. Peter the Apostle Catholic Church.

PARENT SIGNATURE _____ **DATE** _____