



# LIFETEEN SUMMER EVENT



# POOL PARTY

## Parental/Participant Consent Form

I/we as the parent(s) or legal guardian(s) of \_\_\_\_\_ Grade: \_\_\_\_\_

(Participant's name PLEASE PRINT)

grant permission for the participant to participate in  
**Mass at Holy Martyrs & Swim Party at The Killeen's**

**Killeen's Address: 3001 Arielle Court, Medina (Montville Lakes Subdivision), Tel: 330/416-8006**

**Date:** Sunday, July 15, 2018

**Time:** 11:30 am Mass at Holy Martyrs Church followed by POTLUCK lunch and **SWIM PARTY** at the Killeen's!!

**What to bring:** Bathing suit & towel

**Last Name A-L:** a Side Dish to share

**Last Name M-Z:** a Dessert to share

(Hamburgers, Hot Dogs and Drinks will be provided)

**Graduated SENIORS, please plan on attending! We would like to wish you farewell as you begin your next journey.....**

I/we agree by my/our mutual signature's to release, absolve, indemnify and hold harmless Holy Martyrs Life Teen, Holy Martyrs Church, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, and all Catholic Churches or Parishes, and all supervisors, volunteers, organizers or sponsors thereof, and from any and all liability for injury, medical fee, hospital bills, or of the organizations or persons hereinabove enumerated, including all and all claims against person or persons transporting aforesaid participant to or from any activities hereinabove named.

I/we hereby give consent to photograph or videotape participant and without limitation to use such photographs or videotapes and stories in connection with any work of the Holy Martyrs Life Teen without consideration of any kind, and I do hereby release Holy Martyrs Life Teen from any claims whatsoever which may arise in that regard.

\_\_\_\_\_  
Mother/Father or Guardian's signature.

\_\_\_\_\_  
Date

**Return Consent Form and Emergency Medical Form\* to  
Holy Martyrs Church, 3100 Old Weymouth Rd., Medina, OH 44256 OR  
drop off at the church office no later than Friday, July 13, 2018.**

\*I hereby attest that the Emergency Medical Form on file with my teen's Life Teen Registration Form is valid and applicable for this activity.

\_\_\_\_\_  
(Mother/Father or Guardian's signature.)

\_\_\_\_\_  
Date

\*\* If you did not complete an Emergency Medical Form at the time of Life Teen Registration, please complete the back of this consent form.

**Holy Martyrs Life Teen**  
**(Please fill out if you haven't previously filled out for a 2017-2018 event)**

**Emergency Contact and Medical Information**

_____ Student's Name		_____ Date of Birth		M F Sex
_____ Mother's/Guardian's Name		_____ Father's/Guardian's Name		
_____ Home/Cell Phone	_____ Work Phone	_____ Home/Cell Phone	_____ Work Phone	
_____ Address		_____ Address		
_____ City, ST ZIP Code		_____ City, ST ZIP Code		

**Alternative Emergency Contacts**

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home/Cell Phone	_____ Work Phone	_____ Home/Cell Phone	_____ Work Phone
_____ Address		_____ Address	
_____ City, ST ZIP Code		_____ City, ST ZIP Code	

**Medical Information**

\_\_\_\_\_  
Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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**DECLINE TO CONSENT**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to take the following action:

\_\_\_\_\_

_____ Parent's/Guardian's Signature	_____ Date
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