



CHURCH EVENT PERMISSION FORM FOR YOUTH

LOCATION INFORMATION School Church Other

Date: 3/27/2024

Name: Father Bernard Youth Center Phone: 503.845.4097

Address: 980 South Main Street City: Mount Angel Zip: 97362

CONTACT PERSON

Name: Garrett Caleen Phone: 503-568-9688

Email: garrettcaleen@gmail.com

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event: Easter High Retreat

Location: Old River Pastoral Center / Father Bernard Youth Center

Date of event: Wednesday, March 27th - Sunday March 31st 2024

Departure date: 3/27/2023 Departure time: 6:00 AM PM

Return date: 3/31/2023 Estimated time of return: 11:00 AM PM

Mode of transportation: Charter Bus

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN (Please fill out even if you have filled one out before for the Cenaculo Program)

Child's Name: _____ Date of birth: _____

Sex: Male Female

Have they been confirmed in the Catholic Church? YES _____ NO _____ NOT CATHOLIC _____

Second Child's Name: _____ Date of birth: _____

Sex: Male Female

Have they been confirmed in the Catholic Church? YES _____ NO _____ NOT CATHOLIC _____

Person(s) to notify in case of an emergency:

Name: _____ Phone 1: _____ Email: _____

Name: _____ Phone 1: _____ Email: _____

Name: _____ Phone 1: _____ Email: _____

Family physician: _____ Phone: _____

Medications (name, dosage, reason): _____

Other information (injuries, special needs, etc.): _____

Insurance carrier: _____ Group or ID#: _____

I, _____ the undersigned, give my permission for _____ (Parent/Legal Guardian) (Child) to take part in the above off premises event and authorize the Church/School to provide transportation to and from the event. I also authorize the Church/School and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for payment for those services.

Parent/Guardian Signature: _____ Date: _____

THIS FORM TO BE KEPT ON FILE BY CHURCH/SCHOOL FOR THREE YEARS PS 3/26

Photograph / Video / Sound Release Form

I hereby give the Old River Pastoral Center permission to use the photograph of the minor (s) or myself listed below for publicity, promotion, news releases, videos, and web use of Easter High Retreat / Cenaculo Program.

The Pastoral Center agrees that the student's name, picture, art, written work, photograph, video or verbal statements shall only be used for public relations, public information, publicity and / or instruction.

The Pastoral Center further agrees that students will not be identified by personal details. These details include email or postal addresses, telephone or fax numbers.

Pictures of one to three students are permitted as long as an appropriate release form has been signed by the parent/guardian of each individual shown in the picture. Unidentifiable pictures of four or more students are permitted without a release form. No monetary consideration shall be paid; Consent and release have been given without coercion or duress; The photo or student statements may be used in subsequent years. If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with written notice.

Student(s) Name:(Printed) _____

Parent's Name: (Printed) _____

Parent's Signature: _____ Date: _____