

Activity:

Date of Activity:

I, _____, agree that all medical information about my son(s)/daughter(s), _____, is current with the Medical and Liability Release Form that was signed for the 2017-2018 school year kept on file with the Director of Youth Ministry of St. Columbkil Parish. I understand that this form is kept for ONE school year and will need to be updated in August 2018. I understand that failure to update this information, if it should change before August 2018, will not be held against St. Columbkil Parish in any way, shape or form. I continue to consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above-named individual may appear by St. Columbkil Parish who is running this trip. I agree that my son/daughter can participate in the St. Columbkil Youth Group sponsored event listed above.

Parent Signature: _____

Date: _____

Witness (YG director) _____

Date: _____