NJ STATE YOUTH RALLY PERMISSION/RELEASE FORM

Participant's Name		Age
Participant's Email Address	5	
Address		
		Grade
Does your son/daughter haknow about? YESNo		s, allergies, FOOD ALLERGIES we should aplain.
Is your son/ daughter on m	nedication? YESNO_	
If yes, please list here type authorized.	of medication, dosage, f	requency and administration by whom
******	******	*********
Emergency Contact:	_	
Name	Re	elation
Address	Pl	hone
Adventure on Sunday, May for damages which I may hand employees, for any injurelease also encompasses participation in the program child at the predetermined	y 21, 2023. I hereby waive nave against St. Joseph Pa ury my child may incur wl any injuries which may be m. As a parent, I understand t	IJ STATE YOUTH RALLY at Great and release any and all rights and claims arish, and all of their agents, servants, hile taking part in your program. This e sustained while traveling to and from and that it is my responsibility to pick my that if my child becomes ill or destructive bove "Emergency Contact" will be called
Parent/ Guardian Signature	e	Date
*******	*******	*********
Parish, and their agents, se while taking part in your pi sustained while traveling t	ervants, and employees, f rogram. This release also o and from participation	rages which I may have against St. Joseph for any and all injuries which I may incur encompasses any injuries which may be in the program. I also understand that if I ove "Emergency Contact" will be called
Youth Participant's Signat	ure	Date

Return this form with your \$95.00 payment

(checks made payable to "St. Joseph) NO LATER than Saturday, May 13th, 2023