



PARENTAL PERMISSION FORM

ST. PAUL CHONG KOREAN CATHOLIC PASTORAL CENTER

Activity: Day Retreat with Brother Philip Yang

Location: Church Center 425 Boulder Ct #400 Pleasanton, CA

Cost: No Charge

Participants: All grades from 7th Grade to High School

Participant's Name: _____ Baptismal Name: _____

Email: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Grade: _____ Birthday: ____/____/____

Parent's Name: _____ Daytime Phone: _____

Person(s) other than Parent to notify in case of emergency:

Emergency Contact: _____ Phone: _____

Medical Insurer: _____ Policy Number: _____

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform to the directions and instructions of the leaders responsible for the activity.

I am not aware of any medical condition of my child that would make it inappropriate for him/her to participate. In case emergency medical attention is required, I hereby give permission for treatment that is deemed necessary and appropriate by the responding medical physician.

Execution of this document is not a waiver of any rights against any responsible party in the event of an accident caused by a third party, including an employee of the Diocese of Oakland.

Parent/Guardian Signature: _____ Date: _____

Other Parent/Guardian Signature: _____ Date: _____

Comments: