

Church of St. John the Evangelist
Goshen, New York

Laser Tag
Laser One, Sussex, NJ

Thursday, November 10, 2016

Leaving St. John's at 6:00pm
\$10 per person

**Signed permission form and money
must be returned to Fr. George
no later than Friday, October 28.**

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Permission/Release Form

Name _____

Address _____

Telephone _____ E-mail _____

Child's date of birth _____

Physician's name & telephone _____

Any allergies or health concerns? _____

In signing this application, I hereby certify that the above information is correct, and give permission for my child to be transported by bus to and from the event, to and from medical facilities (if need be), and for the release of medical records to an attending physician. I agree not to hold liable the Archdiocese of New York, the Archbishop of New York, His Eminence Timothy Cardinal Dolan, the Church of St. John the Evangelist, Laser One, the chaperones, and their officers, directors, or agents with respect to any and all actions, claims, or demands arising from this event.

I give my permission to whatever healthcare agency, and their personnel, to examine and treat my child in the event of an accident or illness that occurs when I am absent and unable to be reached. During this time I authorize the adult advisors and parish volunteers acting on my behalf, to consent to such medical and/or surgical treatment for my child, as may be deemed medically necessary or advisable.

Signature of parent/ guardian _____

Telephone numbers (in case of emergency) _____

I am willing to chaperone.