



PERMISSION AND AUTHORIZATION OF THE YOUTH'S PARENTS OR
GUARDIAN

I consent to the participation of my child _____
in the THE JOSHUA PROJECT to be held on February 18, 2023, at St. Rose of
Lima Catholic Church, Layton. I understand that there will be adult
supervision for all event activities. I release the Diocese of Salt Lake City and
the parish to which it belongs, as well as its representatives, from all liability
or legal claims. I accept and assume full responsibility for any medical
expenses that may result from any illness or injury to this minor and fully
understand that the parish of _____ of the
Diocese of Salt Lake City has no insurance that would cover such expenses.
In the event of a medical emergency, I authorize the designated persons to
take the necessary measures and care for the treatment of the minor. (This
permission must accompany each registration and a copy must be retained
by the Diocese or Parish, as well as a copy to the parents).

NAME OF PARTICIPANT AGE / GRADE

SIGNATURE OF THE PARENT DATE TELEPHONE

ADDRESS CITY / COUNTY

NAME OF POLICY (IF THERE'S ONE) POLICY NUMBER

DOCTOR'S NAME (IN CASE OF NEED) TELEPHONE

EMERGENCY CONTACT TELEPHONE