

# CALLED Youth Rally Permission/ Release Form

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Email : \_\_\_\_\_ @ \_\_\_\_\_

Does your son/ daughter have any medical problems, allergies that we should know about ?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Is your son/ daughter on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe the kind of medication, dosage, frequency and administration by whom authorized.

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## Emergency Contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relation \_\_\_\_\_

\*\*\*\*\*

I give permission for my child to participate in the Archdiocesan CALLED Youth Rally Day being held at the St. John Paul II Youth Retreat Center on **Saturday April 27<sup>th</sup> 2024, from 10:30am to 5pm.** I hereby waive and release any and all rights and claims for damages which I may have against the Archdiocese of Newark, and all of their agents, servants, and employees, for any injury my child may incur while taking part in this program. This release also encompasses any injuries which may be sustained while traveling to and from participation in the program. I also understand that if my child becomes ill or destructive, I will be contacted, and if I cannot be reached the above "Emergency Contact" will be called to take my child home.

\_\_\_\_\_  
**\*\*Parent/ Guardian Signature**

\_\_\_\_\_  
Date

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\_\_\_\_\_  
**\*\*Signature of Youth Participant**

\_\_\_\_\_  
Date