



Bishop Fenwick
HIGH SCHOOL
Est. 1952

Falcons Youth Club

Permission and Release of Liability

My child _____ has my permission to attend the Falcons Youth Club _____ Event at Bishop Fenwick High School on ____/____/20____. I understand and agree that Bishop Fenwick High School assumes no liability for my child after the event ends. I also understand that my child will not be admitted to this event without this permission slip. I also grant permission to use student's photo in public relations materials and Bishop Fenwick website.

Student's Name _____ Gender (M/F) _____

Student's Address _____ Zip _____

Student's School _____ Grade _____

Student's Parish (if different than above) _____

Parent or Guardian's Signature _____

Parent(s) Staying at Event: Yes _____ No _____

Phone Number (_____) _____

(At which parent/guardian may be reached during the event)

Emergency Phone Number and Contact's Name

(_____) _____

Known Allergies: _____

Any Extra Comments:

