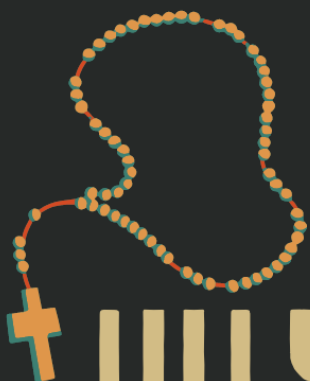


ST. BRIGID
LIFE TEEN

ABLAZE SUMMER CAMP



JULY
15-19

A WEEK-LONG
SUMMER CAMP AT ST.
BRIGID WITH
TOURNAMENT GAMES,
TUBING, WORSHIP,
SERVICE, & MORE!

MORE INFORMATION
MBORAH@SAINTBRIGID.ORG



\$125

Catholic Archdiocese of Atlanta—Saint Brigid Catholic Church
Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____ Goes By: _____ Gender: _____

Grade: _____ Date of Birth: _____ Age: _____ School: _____ T-Shirt Size: _____

Parent/Guardian's Name: _____

Address: _____

Dad Cell #: _____ Mom Cell #: _____

Teen Cell #: _____ Parent E-Mail: _____

Teen E-Mail: _____ St Brigid Parishioner: YES/NO If Not, where: _____
Circle one

Any allergies/special needs/etc we need to be aware of?: _____

Type of Event: **Ablaze Summer Camp**

Destination of Event: **Saint Brigid Catholic Church**

Individual in Charge: **Marissa Borah**

Estimated time of Departure and Return: **Monday, July 15, 2024 – Friday, July 19, 2024**

Mode of transportation to and from event: **Carpool**

I/We, (Parent/Guardian above), do hereby give my/our approval for him/her to participate with the (EVENT listed above) that is sponsored by (Parish listed above). I/We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone, also the Archdiocese and its representatives, successors, supervisors, sponsors, organizers and participants for any injuries in connection with the program named above. I likewise release from my responsibility any person transporting my child to and from any of the activities. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Signature of Parent / Guardian _____ Date _____

Please return this form to the Life Teen Office with a \$125 check by July 1, 2024. Checks should be made out to "St. Brigid Life Teen"

Office Use: Date _____ Rec'd _____ Amount _____ Check # _____ Cash _____