



# Teen Leadership Training Day

## Corpus Christi Parish

Sunday, September 25, 2011

1:30 P.M. until 5:45 P.M.

**Mass and Ice Cream Sunday Social until 8:30 P.M. Optional**

### **Due by September 15th REGISTRATION AND PARENTAL PERMISSION FORM**

Name of Attendee: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Parish: \_\_\_\_\_ County: \_\_\_\_\_

**This form must be completed and submitted prior to the event for registration.** School: \_\_\_\_\_

**Please make a copy to bring with you the day of the event.**

I grant my permission for my child, \_\_\_\_\_, to participate in the "Teen Leadership Training Day" on September 25, 2011 at Corpus Christi Parish, 900 Sumneytown Pike, Lansdale, PA 19446.

Registration begins at 1:30 PM and the event ends at 8:30 PM.

No one may leave early without parental permission.

**If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relation to participant: \_\_\_\_\_

Participant's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Health Insurance Type: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones: \_\_\_\_\_ . *Pizza will be served for dinner. Anyone with dietary restrictions may bring dinner with them. No aspirin or medication of any kind will be provided. Please be sure that your child has with them anything necessary for medical reasons and list it here:*

Knowing that there will be proper supervision, in case of injury, I will not hold the Office for Youth & Young Adults of the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives the Archdiocese permission to use pictures / video from the event in which my child may appear for promotions. **My child will NOT stay for the Mass and Ice Cream "Sunday" Social and may leave at 5:45 P.M. \_\_\_\_\_ (initial)**

Parent/Guardian Name \_\_\_\_\_ Phone: \_\_\_\_\_

SIGNED: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Parent or Guardian)

May we contact you if we are in need of Chaperones \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please keep a copy to bring with you and mail completed form to:**

**Mrs. Trish Keen**

**Corpus Christi Parish**

**900 Sumneytown Pike, Lansdale, PA 19446**

**FAX: 215-855-3631 Phone: 215-362-2292**

