

**FORMS AND PAYMENT  
ARE DUE IN THE Parish Office  
BY: May 25, 2017**

**St. Julie Billiard Church  
7399 West 159<sup>th</sup> Street**

Tinley Park, IL 60477-1398  
Parish Office ~ 429-6767  
Youth Office ~ 429-7377

*"Teens Need Togetherness"*

## **Parental/Guardian Authorization Form**

I request that St. Julie's T.N.T. program allow my teen \_\_\_\_\_ to participate in the following sponsored activity requiring transportation to a location away from the parish facility:

Destination: **ST JULIE TNT SOFTBALL TEAM**

Date and Time of Departure: **SCHEDULE TBA (begins in June)**

Date and **APPROX** Time of Return: **TBA (ends with tournament in August)**

Method of Transportation: ***your own transportation***

Participant Cost: **\$25 includes tournament in August. Add \$10 for shirt. \_\_\_\_\_ size**

Designated Coordinator of Activity: **St. Julie Adult Softball Coaches.**

I understand that the activity will take place away from the parish premises and that my teen will be under supervision. I further consent to the conditions stated above on participation in this event, including the method of transportation.

We are aware if there is suspicion of drug or alcohol use, or if any drugs or alcohol are found, if smoking occurs, or severe behavior endangering the safety or well being of another person occurs, we are responsible for the cost of transporting our teen home. The decision to send someone home will be made at the discretion of the lead adult chaperone(s).

I hereby release and indemnify St. Julie's T.N.T., its staff and its volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind of nature whatsoever from my teen's participation in this event.

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Phone Number

Email Address: \_\_\_\_\_ Yes I can chaperone if needed \_\_\_\_\_

**Forms & Money due by: May 20, 2017**

**Medical form on the reverse side must also be filled out completely  
or your student will not be placed on the roster.**

**This is open to all current 8<sup>th</sup> Graders & HIGH SCHOOL STUDENTS.**

**\*\*You are responsible for all of your belongings. Ex: iPods, cell phones, purses, etc.**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**St Julie Billiard Youth Ministry Program**  
**Authorization for Medical Treatment**

In the event that the undersigned, or my authorized physician cannot be reached, and in the judgment of the Youth Minister or other Adult Supervisors of St. Julie Billiard Youth Ministry, there is necessity for immediate examination and / or treatment of our child, I hereby authorize any of the aforesaid personnel to obtain for our child such medical services deemed necessary.

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

\_\_\_\_\_  
Parent / Guardian Signature (if applicable)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Parent / Guardian Work Phone Number

**Insurance Information**

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Hospitalization Plan

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Policy Number / Group Number

\_\_\_\_\_  
Medical Conditions, Allergies or Restrictions (attach additional paper if more details are necessary)

Emergency Name / Number - 1. \_\_\_\_\_

2. \_\_\_\_\_

*Special Dietary needs* \_\_\_\_\_

**Photo Permission:** On occasion, photos taken from various events are used for publicity in our parish bulletin, websites and TNT Facebook page. ***If you do not want*** your child photographed, please sign below. Lack of signature will be implied permission to photograph. If you have any questions, please call the office.  
708 429 7377.

\_\_\_\_\_  
(parent / guardian signature)