



VOCATION OFFICE FOR THE
DIOCESAN PRIESTHOOD
ARCHDIOCESE OF PHILADELPHIA
HEED THE CALL

100 East Wynnewood Road ** Wynnewood, PA 19096-3001
610-667-5778 ** Fax 610-667-5936 ** www.HeedTheCall.org

March Madness – March 3, 2018

Parental Permission Form

Must be completed and submitted before event or at time of arrival.

Name (Participant): _____

Full Address: _____

Home Phone: _____ Parent E-Mail: _____

Date of Birth/Grade: _____ Parish: _____

High School: _____ Graduation Year: _____

Participant's Physician: _____ Phone Number: _____

Health Insurance: _____ Policy Number: _____

Please list any conditions (e.g. allergies) or other medical problems which should be known:

Please list any medications and indicate whether they will be required during the event:

In the event of an emergency, I can be reached at:

Parent / Guardian Name: _____ Cell Phone: _____

In the event I cannot be reached, I authorize the following person to act on my behalf:

Name: _____ Cell Phone: _____

Address: _____ Relation to participant: _____

I grant permission for my son, _____, to participate in the *March Madness Event* on Saturday, March 3, 2018 at Archbishop Ryan High School, 11201 Academy Road, Philadelphia PA. Knowing that there will be proper supervision, I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person listed above. However, if I cannot be reached, I give consent to the staff, seminarians, or volunteers associated with this event to call 911 for emergency medical attention and consent to my son receiving the necessary emergency medical treatment until myself or the emergency contact listed above can be notified, and I agree to be responsible for the payment of such treatment. I hereby agree to indemnify and hold harmless Archbishop Ryan High School, the Vocation Office for the Diocesan Priesthood, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any and all liabilities, injuries, expenses and claims arising out of any connection with or participation in such activities. My signature below also gives the Archdiocese and/or the Vocation Office permission to use pictures / video from the event in which my son may appear for promotional materials.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

For further information please call the Vocation Office at 610-667-5778.