



**PERMISSION FORM
PARENT/GUARDIAN AUTHORIZATION**

I request that **South Suburban Youth Minister’s Association, hosting parishes, park districts, and their agents** allow my child _____ to participate in the following sponsored activity requiring transportation to a location away from the parish facility.

Name of Activity: **2025 SSYMA CO-ED VOLLEYBALL**

Date, Departure Time & Return Time: **Schedule January – March 2025**

Place of Activity: **MULTIPLE GYMS, TO BE SPECIFIED WHEN SCHEDULE ISSUED**

Method of transportation: **STUDENTS PROVIDE THEIR OWN**

Designated Supervisor of Activity: **YOUTH MINISTRY VOLUNTEERS**

The Catholic Bishops of Chicago, SSYMA, hosting parishes, park districts and their agents are committed to conducting programs & activities in the safest manner possible and hold the safety of participants in the highest regard. Participants and parents registering their child in these programs must recognize however that there is an inherent risk of injury when choosing to participate in such activities. The Catholic Bishops of Chicago, SSYMA, hosting parishes, park districts and their agents insist participants follow safety rules and instructions, which are designed to protect their safety.

Please recognize that the Catholic Bishops of Chicago, SSYMA, hosting parishes, park districts and their agents do not carry medical accident insurance for injuries sustained in this program. Therefore, people registering should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Joliet Diocese, Catholic Bishops of Chicago, SSYMA, hosting parishes, park districts and their agents automatically responsible for payment for medical expenses. Please read this carefully & be aware you are waiving all claims for injuries you or your minor might sustain arising out of participation.

I understand that the activity will take place away from the parish premises and that my child will be under supervision. (Activities where there is physical activity such as outdoors or sporting activities have an inherent risk to sprained ankles, muscle pulls, bruises, back, neck and head injuries, and including death) I further consent to the conditions stated on participation in this event, including the method of transportation. I hereby release and indemnify **South Suburban Youth Minister’s Association, hosting parishes, park districts, and their agents**, its staff and its volunteers, and Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind of nature whatsoever from my child’s participation in this event. In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Parent/Guardian Signature _____ Parent cell# _____

Teen Cell# _____ Email _____

Medical Insurance Co. _____ Insurance# _____

Emergency Contact Name & Number _____

T-SHIRT SIZE: Small Medium Large Xlarge XXLarge
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