<u>High School Rally Details</u>

Date: Sunday, October 16 **Meet at Good Shepherd**: 11:00 am **Return**: 9:00 pm
Cost: $15 per person **Location**: Bishop O'Connell HS **RSVP by**: Sunday, October 9

Other Details: Dinner and Sunday Mass are included, *but arrive having already eaten a big meal*.

Detach and retain this section for your information.

- -

Detach and return this section with payment by the RSVP deadline of Sunday, October 9.

<u>High School Rally Permission Slip</u>

T-shirt size: (these are adult sizes) S M L XL XXL.

As the parent/guardian of ___________________________, I hereby give permission for my child to go to Bishop O'Connell High School on Sunday, October 16 for the Diocese of Arlington's annual Rally.

I understand and acknowledge that participation in this activity involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in this activity, including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation.

I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

____

Date of Birth Date of last Tetanus Booster (if known)

____

Allergies or medical conditions/concerns (Continue on back of form if needed)

____

Name of Parent/Guardian

____

Address City/State/Zip

____

Phone: Home Work Mobile

____

Person to notify if parent/guardian is unavailable

____

Phone: Home Work Mobile

____

Insurance Carrier & Policy Number Family Physician Phone

____

Signature of Parent/Guardian Date