# Event – Lasertron

Due to current COVID regulation, as of 2/5/21 only 24 participants (including adult chaperones) can be present. This leaves **21 SPOTS** for youth participants

What is includes

- 2 sessions of Lasertron

- Pizza and Soda

**Date – February 26th**

**Cost - $30**

# PARENT / LEGAL GUARDIAN PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter, guardianship, is eligible to participate in **“Lasertron”** sponsored by

**St. Gregory the Great**. These activities will take place under the guidance and supervision of employees and volunteers from **St. Gregory the Great**. A brief description is as follows:

**Event/Location : Lasertron 5101 N Bailey Ave, Buffalo, NY 14226**

|  |
| --- |
| **Date and Time of Departure: February 26th 6:30pm** |

**Date and Time of Return**: **February 26th 9:00pm**

|  |
| --- |
|  |

**Designated Chaperones: Youth Minister, CORE**

**Method of Transportation:** **Parents Responsible for transportation to and from the event**

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result from actions taken by the named student.

## LIABILITY RELEASE

I/We recognize and acknowledge that there are risks in my child’s presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against **St. Gregory the Great** and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

## MEDICAL RELEASE

Our permission is hereby given to the representatives of **St. Gregory the Great** to authorize by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

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Student Parents’ Name/Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact/ Telephone Number Primary Care Physician/Phone number

Health Insurance Company/Plan #//ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies, Reactions or other pertinent medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Check back of page\*

## Photography/Video Release

I parent/guardian of

understand my son/daughter’s photograph and/or likeness and name may be used in a future promotion by St. Gregory the Great Parish whether that be a parish publication, website, or video publication.

*Parent Signature*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, call Nicole Janecek at 688-3587 Ext. 341 or email at [njanecek@stgregs.org](mailto:njanecek@stgregs.org)