

"Steubenville Lone Star"

Parental/Guardian Consent Form & Liability Waiver

Participant's Name: _____ DOB: ___/___/___

Participant's Cell Phone: _____

Parent/Guardian Name: _____

Parent email: _____

Home phone: _____ Emergency phone: _____

(Please circle)

Gender: M F **Grade in fall of 2017:** 9 10 11 12 + **Age:** _____

T-Shirt Size Adult's: S M L XL

I, _____, grant permission for my child,
Parent/Guardian name

_____ to participate in Steubenville Lone Star which requires
Child's name

transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from Holy Trinity Catholic Church. The event information is as follows:



Date: **June 23-25, 2017** Type of Event: **"Steubenville Lone Star"**

Place: **Dallas, Texas** Cost: **\$280.000**

Event phone contact: **Renee Kuntz, renee@holytrinitysat.org**

Time of event: **Friday June 23 at 8:30am- Sunday June 25 at 7pm**

Signature of Participant's Parent/Legal Guardian Date: _____

*****If you have NOT registered in Cognito forms, we have other forms you will need to fill out*****