

**Catholic Archdiocese of Atlanta**  
**St. Peter Chanel Catholic Church**  
**Catholic Youth Day at Six Flags Registration Form**  
**Parental / Guardian Consent Form and Liability Wavier**

Name of Participant: \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Six Flags Amusement Park in Austell, GA. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: **Social**

Destination of Event: **Six Flags Amusement Park**

Individual in Charge: **Caroline Morris**

Cost: **\$55.00 (make check payable to St. Peter Chanel)**

Date of Event: **Sunday May 1, 2011**  
**(includes t-shirt, transportation, admission, one meal, return trip ticket)**

Time of Event: **7:30 am to 6:00 pm**  
Depart from BT carpool area

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you are not a registered attendee of PSR, you must submit a Local Trip Medical Release available on [www.stpeterchanel.org](http://www.stpeterchanel.org)

**Deadline for permission slips is: Wednesday, April 13th, 2011**

**Parents, please check here if you can chaperone \_\_\_\_\_**

(Chaperones must be 21 years of age. There is no charge for chaperones)