

## Teen's Name (first and last)

Teen's Date of Birth	Grade ii	n Fall 2024	
(yyyy/mm/dd)			
Teen's Email		Teen's Phone	
Guardian's Phone		Phone	Guardian's Email
Emergency Contact's N (first and last)	lame	Phone	Relationship to Teen
Do we have permission to text you?	Yes No	Do we have permission to email you?	Yes No
Do we have permission to text your teen?	Yes No	Do we have permission to email your t	Yes No een?
I give my permission fo individual to attend the agree to all terms and o	or the above-no e activities liste conditions stat	amed ed below and ed above.	Yes No
Your child may be phot events. Do we have per photo in parish digital (	tographed duri mission to use	ing activities or your child's	Yes No

The form give permission for your teen to participate in St. Ladislas activities for the time period May 1, 2024 to May 31, 2025. This includes teen nights, retreats, field trips and other offsite activities. This also includes any virtual meetings via Zoom held throughout the year. Please note that some activities will have their own forms that will be emailed if your teen is a participant.

I acknowledge that I am the legally duly authorized parent, legal guardian, or caregiver of the Individual(s) named on this form and have the authority to sign this document and act on his/her or their behalf. My signature below indicates that I have read, understood, and freely signed this agreement. I further certify that I am at least eighteen years of age and that I am otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding. This agreement shall be construed and enforced in accordance with the laws of the State of Ohio, and I consent to the jurisdiction of said state. If any portion of this agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect.