

ST. ROSE OF LIMA CATHOLIC YOUTH MINISTRY DATABASE PERMISSION SLIP

This permission form is to release from responsibility St. Rose and any of its employees as a result of an issue arising from your son/daughter's participation in our babysitter database, which is available only to parishioners. The only information that will appear for your son/daughter is a first name/last initial, age, zip code, and the email or phone number that is given below.

Participant:

Name: _____ D.O.B.: _____ Grade: _____ (H)Phone: _____

Address (with Town/City): _____ Zip: _____

Participant Cell Phone: _____

Have you participated in/completed a Babysitter Certification Course? _____ If yes, where? _____

Parent: I, the undersigned, give my permission for my son/daughter written above to be added to the St. Rose of Lima Parish Babysitter Database. Being part of this database means that I understand my son/daughter's name, phone number, and other information may be distributed to fellow parishioners seeking babysitting services. In consideration of the benefits to be derived, and in view of the fact that St. Rose of Lima is a religious institution, membership in which is voluntary, I hereby agree to the participation of my child in the database named above, and exempt and release the leaders/representatives of St. Rose of Lima Parish and the Archdiocese of Washington from any and all liability, claims, demands, actions or causes of action whatsoever arising out of any harm, or injury to my son/daughter incurred during babysitting opportunities that come as a result of the St. Rose babysitter database. I will not hold St. Rose of Lima Parish, its agents, nor the Archdiocese of Washington responsible in the event of injury.

My child has filled out the babysitter database application completely and honestly. In the event of a medical problem, serious attitudinal issue or an expulsion due to behavior/safety issues, I understand that my son/daughter may be removed from the St. Rose of Lima Babysitter Database.

Your Emergency Phone #: (am) _____ (pm) _____

Signed: _____ Date: _____

Parent/Guardian

**Please turn
in this form
by drop off
or mail with
attention to
Babysitter
Database**

Youth/Participant: I have read this document and understand the many considerations involved. I understand that any reports of problems, be they medical, attitudinal, or otherwise, may result in my being removed from the St. Rose Babysitter Database.

Signed: _____ Date: _____

Youth/Participant

*This form **MUST** be signed by **BOTH** the teen and the parent, without exception.
No application will be considered without both signatures.*