

**59<sup>th</sup> Diocese of Ottawa, Eastern Canada and Upstate New York  
Parish Life Conference**

Hosted By Ss Peter & Paul Orthodox Church

**June 28<sup>th</sup> to July 1<sup>st</sup>**

**Parent Consent Form**



Hotel Staying at: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Hotel Room No.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Hotel Room No.: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Hotel Room No.: \_\_\_\_\_

Parish and City: \_\_\_\_\_

I (parent or guardian) \_\_\_\_\_ of the above named child/children am unable to attend the Conference but give permission to the below named person to act as chaperone for my child/children during the Conference. I also give permission to the above named child/children to attend the 59<sup>th</sup> Diocese of Ottawa, Eastern Canada and Upstate New York Parish Life Conference to be held in Charlottetown Prince Edward Island hosted by Ss Peter & Paul Antiochian Orthodox Church, June 28<sup>th</sup> to July 1<sup>st</sup>, 2012. The undersigned does hereby indemnify and agree hold harmless Ss Peter & Paul Antiochian Orthodox Church, of Charlottetown and the Antiochian Orthodox Christian Archdiocese of North America, their agents, affiliates, parishioners, guarantors, employees, and/or any assigns thereof, for any and all liability, costs, expenses, incidents and/or occurrences resulting from the undersigned's child's/children's actions, and/or the proper lack thereof (as the case may be), while attending the 59<sup>th</sup> Diocese of Ottawa, Eastern Canada and Upstate New York Parish Life Conference, whether such liability, costs, expenses, incidents and/or occurrences happens to the undersigned's child/children and/or his/her invitees, or whether such liability, costs, expenses, incidents and/or occurrences happens either on or off the Conference premises.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I (chaperone's name) \_\_\_\_\_ take responsibility for the above named child/children during his/her/their stay at the [YEAR] [DIOCESE NAME] Parish Life Conference. I understand that it is my responsibility to see to it that the child/children for whom I am responsible act(s) appropriately during his/her/their stay at this Conference and, by signing below, I hereby accept such responsibility. I further understand that I will be called upon in the event that there is a problem involving this/these child/children and that I will be expected to assist the Conference in this matter.

\_\_\_\_\_  
Chaperone's Name (print)

\_\_\_\_\_  
Chaperone's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Room No.

**Chaperone's cell phone number (\_\_\_\_\_) \_\_\_\_\_**

***Chaperone's signature must be done in the presence of the Conference Registration personnel before Registration Badges will be issued. Identification is required. No form will be accepted without completion and signature of the parent/guardian and chaperone.***

Parent/Guardian Name(s): \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_