



Parent Consent Form
64th Annual Diocese of New York, and Diocese of Charleston
and the Mid-Atlantic Parish Life Conference
 Hosted By St. John Church; Levittown, NY
Upsky Long Island Hotel July 1-5, 2015

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

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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 2015 Diocese of New York; and Diocese of Charleston Parish Life Conference to be held at Upsky Long Island Hotel hosted by St. John Antiochian Orthodox Church, Levittown, NY, July 1-5, 2015. The undersigned does hereby indemnify and agree hold harmless St. John Antiochian Orthodox Church, of Levittown, NY 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 2015 Diocese of New York; and Diocese of Charleston 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 2015 Diocese of New York; and Diocese of Charleston 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: (_____) _____