

Teen Name: _____

Birthdate: ____/____/____ Age at start of the Conference: ____

Parish and City: _____



Be mindful, O Lord,
of those who bear fruit
and do good works
in thy holy Churches,
and who remember
the poor.
The Anaphoras of St. Basil the Great and John Chrysostom

Be mindful, O Lord, of those who bear fruit and do good works in thy churches, and who remember the poor.

nd Basil the Great Liturgy

Diocese of Miami Parish Life Conference

Hosted By St. Peter's Church

Jackson Hilton June 10-14, 2009

Parental Consent Form

I _____ Hotel Room Number: _____ take responsibility
Chaperone Name

For _____ Hotel Room Number: _____
Name of Teen

During his/her stay at the 2009 annual Diocese of Miami Parish Life Conference, I understand that it is my responsibility to see to it that the teen for which I am responsible acts appropriately during his/her stay at this conference. I have seen a copy of the teen conference rules and I am aware of what is expected of the teens. I further understand that I will be called upon in the event that there is a problem involving this teen and that I will be expected to assist the conference in this matter.

Chaperone (or attending Parent) and Teen Signatures are to be done in the presence of the Conference Registration Personnel. Identification is required. No form will be accepted without the parent/guardian information and signature being completed.

Chaperone Signature

Date

Teen Signature

Date

I _____ give permission to my son/daughter/guardian _____ to attend the 2009 annual Diocese of Miami Parish Life Conference to be held at Jackson Hilton, Hosted By St. Peter's Church in Madison, MS, June 10-14, 2009.

I am present at this conference and will take responsibility for my child. _____
Parent Initials

I am unable to attend the conference and give permission to the below-mentioned to act as chaperone during the course of the conference. _____
Parent Initials Chaperone Name

Parent Signature Date

Parent or guardian must be the person that the teen legally lives with

Parent/Guardian Name: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Phone: (____) _____ Cell Phone: (____) _____

PO Box 2084; Madison, MS 39130

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<http://www.saintpeterorthodox.com/PLC2009>