

## Youth & Young Adult Event Permission Slip

### Event Details

**Event Name:** Vocations Day

**Date:** March 1, 2025

**Location:** Mercer School of Theology, 65 4th St, Garden City, NY 11530

**Start Time:** 9:00 am

**End Time:** 1:00 pm

### Student Information

**Full Name:**

**Grade:**  **Age:**

**Emergency Contact Number:**

**Medical Conditions/Allergies:**

### Parent/Guardian Information

**Full Name:**

**Phone Number:**

**Email:**

**The Right Reverend Lawrence C. Provenzano, Bishop**

36 Cathedral Avenue, Garden City, NY 11530 | Office: 516-248-4800 | Fax: 516-877-1349 | [dioceseli.org](http://dioceseli.org)

**Permission and Release:**

I, the undersigned parent or legal guardian of the above-named student, hereby grant permission for my child to attend the Vocations Day organized by the Episcopal Diocese of Long Island on March 16th. In case of emergency, I can be reached at the provided contact number. In the event that I cannot be reached, I authorize the event organizers to seek and consent to any necessary medical treatment for my child. I acknowledge that my child is expected to adhere to all rules and guidelines set forth by the event organizers and the chaperones.

I release the Episcopal Diocese of Long Island, its staff, volunteers, and any affiliated entities from any liability in the event of injury, loss, or damage to personal property.

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

Date:

Please check this box if you **do not** wish for your student to be in photos or videos during this event. Photos and videos may be used in diocesan communications channels.

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