



CAMDEN ADOLESCENTS STRIVING for ACHIEVEMENT
609-238-8877 CasaCamden@gmail.com 509 State St. Camden NJ 08102

Event: _____

Location/Destination: _____ **Cost:** free

Group Leader: Mr. Tim

Method of Transportation: Car

Event Date: _____

Teen's Name: _____ M/F: ____ Birth date: _____

Teen's Cell: _____ Teen's Email address: _____

Parent/Guardian Name: _____

Home Address: _____ City: State: Zip: _____

Parent Home Phone # _____ Parent Work Phone # _____

Parent Cell Phone # () _____

Parent's Address if different than participants:

Parents' Name: _____ Address: _____

City: State: Zip: _____

Liability Release

I/We as parents/guardian give consent and permission for our child _____ to participate in the activity described above with the youth group of CASA. In consideration of permission granted by Guadalupe Family Services and the Diocese of Camden, New Jersey for our child to participate in this activity, we release any and all claims against Guadalupe Family Services, the youth group of CASA, the Diocese of Camden, New Jersey and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to us or our child which may arise from participation in this activity and agree to indemnify and hold these entities harmless from and against any claim or claims brought by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with our child's participation in the activity. My teen and I understand and will cooperate with the rules of CASA. I understand that failure to comply may result in immediate dismissal of my child, with transportation home at my expense and potential suspension from CASA programs.

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

****You can always reach CASA at 609-238-8877****