



Youth Volunteer Consent Form Enshrinement Festival July 15-16, 2011

This parental consent form must be completed for all volunteers under the age of 18.

I understand that my child, _____, wishes to be considered for volunteer work at the Enshrinement Festival on July 15 and July 16, 2011. I understand that he or she will be provided with information necessary for the safe and responsible performance of his or her volunteer assignment.

I understand that he or she will not receive any monetary compensation for his or her services.

Emergency contact:

In an emergency I can be contacted by the following telephone numbers:

Home: _____ Cell: _____

My home address is: _____

In the unlikely event of an accident or an illness during the event which needs immediate treatment, I agree to my son/daughter receiving First Aid and/or medical treatment from qualified practioners as my be considered necessary by a licensed medical doctor/nurse.

Signature of parent of legal guardian:

Signature: _____ Date: _____, 2011

Please print as signed above: _____

This form must be returned to Jean Hill 111S. St. Joseph St. South Bend, IN 46601 or may be faxed to 574-235-5720 prior to July 1, 2011.

www.enshrinementfestival.org