

NATIONAL JUNIOR AMERICAN CARPATHO-RUSSIAN YOUTH

JUNIOR YOUTH ORGANIZATION OF THE AMERICAN CARPATHO-RUSSIAN
ORTHODOX GREEK CATHOLIC CHURCH
PARENTAL CONSENT FORM

(PAGE 1 OF 2)

Junior Name: _____

Address: _____

Phone: _____ Emergency Phone: _____

Parent Name: _____

Work Phone: _____

Chapter or Chapter attending with: _____

Chaperone (over the age of 21) attending the event: _____

Chaperone's Signature: _____

I HEREBY GIVE CONSENT FOR _____ (Junior's Name) TO ATTEND THE
National ACRY Bowling Tournament HOSTED BY Chapter #34 Elizabeth. I WILL TAKE FULL
RESPONSIBILITY FOR MY CHILD AT THIS EVENT AND RELEASE THE NATIONAL A.C.R.Y.,
THE "HOST" CHAPTER, ALL THEIR OFFICERS, MEMBERS, AND OUR DIOCESE FROM ANY
RESPONSIBILITY FOR ANY LOSSES, DAMAGES, OR INJURIES IN THE _____.

**I UNDERSTAND AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET
FORTH.**

PARENT/GUARDIAN SIGNATURE: _____

JUNIOR MEMBER/ATTENDEE SIGNATURE: _____

DATE SIGNED: ____/____/____

**THIS MUST BE RETURNED TO THE NATIONAL JR. ACRY SR. ADVISOR OR THE CHILD
WILL NOT BE PERMITTED TO PARTICIPATE IN THE ABOVE FUNCTION.**

MAIL TO:
Rachel Pribish
668 S. Broad St.
Elizabeth, NJ 07202