



## **2011 IRISH FEST YOUTH VOLUNTEER**

Parental Permission and Acknowledgement Form  
(For all youth who have not turned 18 by 8/18/2011)

Name of Youth Volunteer: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Parent's Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact and Phone number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home Telephone # (if different): (\_\_\_\_) \_\_\_\_\_

e-mail of youth \_\_\_\_\_

### **Permission Statement**

In signing this form, I hereby give permission for my child named above to become a Youth Volunteer for Irish Fest. I also authorize the Irish Fest Staff and First Aid personnel to administer minor first aid to my child as deemed necessary.

In the event of a medical emergency, I understand that every effort will be made to contact me on the festival grounds or at the telephone numbers listed above. In the event that I cannot be reached, I hereby give permission to the physician selected by Irish Festivals, Inc. to hospitalize, and to render proper medical treatment for my child as needed.

### **Acknowledgement of Parental Responsibility**

I acknowledge and assume all responsibility and risk as a result of my child's participation as a Youth Volunteer and agree to hold harmless Irish Festivals, Inc., its Director, Board, Staff, and volunteers from any and all liability resulting from my child's participation as a Youth Volunteer. I further acknowledge responsibility to pick up my child at the conclusion of his or her shift or commitment to service on the festival grounds.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

I will \_\_\_\_\_ will not \_\_\_\_\_ be on the festival grounds during my child's shift.

A signed copy of this form must be returned to Liz Sanders (6152 N. Shoreland, Whitefish Bay, WI 53217) or the Irish Fest office prior to the opening of the festival.