

PARENT/LEGAL GUARDIAN PERMISSION SLIP

PARTICIPANT INFORMATION

Full name: _____ Social Security #: _____
Age: _____ Grade/School: _____ Home phone #: _____
Street Address: _____
City/State/ZIP: _____
Parent/Guardian name(s) (please print): _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation away from the parish site.

This activity will take place under the guidance and direction of parish/school staff from _____
Name of parish/school

DESCRIPTION OF ACTIVITY

Event: Youthic Confirmation Retreat
Location: Camp Indianola
Person in charge: Neill Raymond
Date of event: February 8th Time of departure: 4pm
Date of return: February 10th Time of arrival: 11am
Mode of transportation to/from event: carpool - see reverse

If you desire your son/daughter/individual under your guardianship to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by January 20th.
date

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

I consent further to the conditions stated above, including the method of transportation.

Parent's/Guardian's Signature: _____ Date: _____

Telephone #: Day: _____ Night: _____

Alternate Emergency Contact: _____

Telephone #: Day: _____ Night: _____

Allergies or Medical Concerns: _____

Medical Insurance Company: _____ Policy #: _____

Doctor's name: _____ Doctor's Phone #: _____

Retreat Schedule

-4pm on Friday, February 8th-leave St. Cecilia Parking Lot

-11am on Sunday, February 10th-leave Camp Indianola and return to St. Cecilia Parking Lot.

___ I am willing to drive some of the Youthies to Camp Indianola on Friday night.

I have ___ seats in my car.

___ I am willing to pick up some of the Youthies from Camp Indianola and bring them to St. Cecilia on Sunday,

I have ___ seats in my car.

___ My child will be coming later or leaving early.

Please indicate the dates and times _____

My child has the following allergies or food requests(vegetarian, gluten free etc)
