

*St. Mary of the Hills Religious Education
2675 John R Rd.
Rochester Hills, MI 48307*

PERMISSION SLIP

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to another location. This activity will take place under the guidance and supervision of a representative from the parish. A brief description of the activity follows:

NAME OF THE EVENT: **Confirmation Retreat** *Please circle retreat site/date/time chosen.*

RETREAT: Subiaco Retreat Center, Oxford	ALTERNATE RETREAT: <i>St. Paul of the Cross Retreat Center, Detroit</i>
DATE AND TIME OF ARRIVAL: Sunday, March 7, 2010, at 2:00 P.M.	<i>Sunday, February 28, 2010, at 1:30 P.M.</i>
DATE AND TIME OF DEPARTURE: Sunday, March 7, 2010, at 7:00 P.M.	<i>Sunday, February 28, 2010, at 6:30 P.M.</i>

METHOD OF TRANSPORTATION: Parents will provide transportation

STUDENT COST: Nothing at this time—\$15 previously paid with your registration—
Parish will pay the remainder of the \$25 fee

DESIGNATED SUPERVISOR OF ACTIVITY: Christine Laing and/or as assigned

If you are willing for your child to participate in this activity, please complete and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

RETREAT PERMISSION SLIP

I hereby consent to participation by my child, _____, in the event described above. I understand this event will take place away from the parish and that my child will be under the supervision of the designated representative on the stated date. I further consent to the conditions stated above on the participation of this event, including the method of transportation.

Date

Parent's Signature

Emergency Phone Number

Medical Insurance Company: _____

Policy Number: _____

PLEASE RETURN BY JANUARY 30, 2010