

****You MUST complete IN FULL both sides of the MEDICAL FORM****

If we already have one that is for this school year, disregard above.

PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a catechetical or youth ministry sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff from St. Mary of the Hills Parish. A brief description of the activity follows:

Name of Event: Fall Retreat
Destination: Subiaco Retreat House, Oxford, MI
Date & Time of Departure: September 24, 2010 be at Subiaco @ 7:30PM
Date & Time of Return: September 26, 2010 we will be leaving Subiaco @ 1:00 PM
Designated Administrator: Chris Kozlowski, SMYG Director @ St. Mary of the Hills
Method of Transportation: Carpools
Student Cost: \$65 + a two liter of pop OR a snack to share

If you would like your child to participate in this event, please complete, sign 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. You must also complete the Medical Form on the reverse side, or have a current Medical Form on record.

Any specific medical needs that the administrator should be aware of? Yes _____ No _____
If yes, please explain:

I hereby consent to participation by my child, _____ in the event described above. I understand that this event will take place away from the parish facilities and that my child will be under the supervision of the designated staff person on the stated dates. I further consent to the conditions stated above on the participation in this event, including the method of transportation. In consideration of my child being allowed to participate in this event, I covenant not to sue or bring any cause of action against **St. Mary of the Hills Catholic Church** and any affiliated entity, employee or agent for any claim caused by it or them, whether negligently or otherwise, arising out of or relating to my child's participation in this event. I also agree to indemnify, including attorneys fees, and hold harmless the parish and any affiliated entity, employee or agent from any and all claims caused by the negligence or otherwise of it or them arising out of or relating to my child's participation in this event.

Return form by: 9-8-10 _____
(Print Parent/Legal Guardian Name)

Include Fee of \$ 65 with form. _____
(Parent/Legal Guardian Signature)

I can help chaperone (if needed) _____
Date

Keep below for your records

Name of event: Fall Retreat **Date:** September 24-26, 2010
Arrive at: Subiaco @ 7:30 PM **Pick up at:** 1:00 PM @ Subiaco

Chris' Kozlowski's contact # 248-821-8686 cell phone or 248-844-8665 work phone

St. Mary of the Hills Catholic Church Youth Group