

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

If we already have one that is for this 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's of the Hills Parish. A brief description of the activity follows:

Name of Event: Rainbow XXVII
Destination: Marriott Hotel, Detroit
Date & Time of Departure: Arrive @ St. Mary's @ 6:00 AM on 2-14-09
Date & Time of Return: Return to St. Mary's @ 5:00 PM (approx.) 2-15-09
Designated Administrator: Chris Kozlowski, SMYG Director @ St. Mary's of the Hills
Method of Transportation: Please help arrange carpools from St. Mary's and back.
Student Cost: \$95 includes rainbow fee and hotel
Please see
(St. Mary's is paying an additional \$50 per kid for hotel)

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's 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: **11-12-08**

(Print Parent/Legal Guardian Name)

Include Fee of \$ 95 with form.

(Parent/Legal Guardian Signature)

I can help chaperone (if needed) Please list best contact #.

Date

Keep below for your records

Name of event: Rainbow XXVII

Date: February 2-14-09 & 2-15-09

Arrive at: St. Mary's @ 6:00 AM on 2-14-09

Pick up at: St. Mary's @ 5:00 PM on 2-15-09

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

St. Mary's of the Hills Catholic Church Youth Group