

DIOCESE OF ROCKVILLE CENTRE

And

CURÉ OF ARS CHURCH, PARISH OF ST. MARY, ST. PETER'S & NOTRE DAME

Field Trip–Parental/ Guardian Consent Form and Liability Waiver

Name of Participant; _____

Sex; M / F Date of Birth; _____ **Age;** _____ **T-Shirt Size;** _____

Name of Parent's / Guardian's; _____

Address; _____

Home Phone #; _____ **Cell Phone #;** _____

Work Phone #; _____ **Parent's Email;** _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity/retreat will take place under the guidance and direction of parish employees and volunteers of Curé of Ars Church, Parish of St. Mary, St. Peter's Church and Notre Dame Church. A brief description of the activity/retreat follows:

Type of Event: Retreat Reunion

Cost: Bring a snack to share.

Event Date: Friday, May 26th, 2017

Destination of Event: St. Mary's, 20 Harrison Ave., East Islip, NY 11730

Individual in Charge: Mary Dennis

Time: 7:00 PM-9:00 PM

Mode of Transportation to and from the event: Your own Carpools

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend this **Parish/ Parishes** (listed above), it's officers, directors, and agents and the **Diocese of Rockville Centre**, New York, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in

connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, it's officers, directors and agents, and the Diocese of Rockville Centre, chaperones, or representatives associated with the event for any reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photos taken youth events.

Medical; Please list any medical issues / concerns / medications below;

Medical Insurance; Please provide your Medical Insurance information below;

Insurance Company; _____

Policy #; _____

Signature of Parent / Guardian; _____ Date; _____

Emergency Contact:

Contact Person's Name; _____

Contact Person's Phone Number; _____

Driving/ Train Permission: Check one if it applies to your teenager.

My Son/Daughter has my permission to drive or take the train to and from this event.

My Son/Daughter has my permission to take a ride to and from this event with _____ (Person's name)

My Son/Daughter has my permission to take the train or walk to and from the event.

Signature of Parent/Guardian; _____ **Date;** _____