

# PARENT/LEGAL GUARDIAN PERMISSION SLIP

## PARTICIPANT INFORMATION

Full name: \_\_\_\_\_  
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 Sacred Heart Catholic Church  
Name of parish/school

## DESCRIPTION OF ACTIVITY

Event: Soul on Fire Retreat  
Location: Camp Don Bosco, Carnation, WA  
Person in charge: April Waldrop  
Date of event: October 28, 2016 Time of departure: 4:00pm  
Date of return: October 30, 2016 Time of arrival: 2:00pm  
Mode of transportation to/from event: Carpool from Bellingham

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 October 13, 2016**  
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 #: \_\_\_\_\_