

TITLE OF POLICY: PARENTAL/LEGAL GUARDIAN PERMISSION FORM

POLICY NO. 5360

DIOCESE OF CHARLOTTE, NORTH CAROLINA

Dear Parent or Legal Guardian:

Your son/daughter, guardianship is scheduled to participate in a parish-sponsored activity that requires transportation to a location away from the parish site. This activity will take place under the guidance and supervision of adult chaperones. A brief description of the activity follows:



ACTIVITY: **STEBENVILLE ATLANTA CONFERENCE 2010**

DEPOSIT FEE DUE MARCH 28TH: \$60 (Please make checks payable to St. Mark's, Attn: Steubenville)

BALANCE BEFORE MAY 1, 2009: \$190 (Please make checks payable to St. Mark's, Attn: Steubenville)

BALANCE AFTER MAY 1, 2009: \$210 (Please make checks payable to St. Mark's, Attn: Steubenville)

DESTINATION: Gwinnett Center, Atlanta, GA

DESIGNATED SUPERVISOR OF ACTIVITY: Tim Flynn, Coordinator of Youth Ministry

DATE AND TIME OF EVENT: Friday, July 16th, Departure from St. Mark 10:30 a.m. (bring bag lunch)
Arrive Back at St. Mark: Sunday, July 18th by 4:30 p.m. to conclude with Holy Mass @ 5:00 p.m.

METHOD OF TRANSPORTATION: Charter Bus

In order for 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 actions taken by the named child.

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

I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the supervisor in charge or adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for my son/daughter. The cost of any necessary medical care or treatment for my son/daughter will be my expense.

Parent or guardian (Printed) Name _____ **Date** _____

Cell Phone (for emergency contact): _____

Home Mailing Address: _____

Parent E-Mail Address: _____

Phone number/s (please specify): _____

Accident/Hospitalization Policy Name: _____

Policy Number: _____