

Parent Permission Slip

Dear Parent or Legal Guardian:

Your child is eligible to participate in a youth ministry sponsored activity requiring transportation to a location away from the parish premises. This activity will take place under the guidance and supervision of employees and volunteers from St. John Fisher Chapel. A brief description of the activity follows:

Name of the Event: 30 Hour Famine

Destinations: SJF Chapel, various service projects, bottle and can collection in neighborhoods

Designated Supervisors of Activity: Beth and Mark Kudla

Date and Time of Activity: March 23-- 6PM @ Chapel --Saturday March 24 after Mass Pot Luck

Method of Transportation: private vehicles with parent drivers

Student Cost: \$15 for t-shirt... part of this \$ goes directly to our Charity drive. Parent Volunteers are welcome to buy shirts too!

If you would like your child to participate in this event, please complete, sign and return the bottom half of this form to SJF. First come first IN! You may mail them or place them in the Youth Group expandable file in the coat room.

-----Statement of Consent-----

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for March 23-24 2012. I understand that this event will take place away from the parish grounds. I further consent to the conditions stated above on participation in this event, including method of transportation

In consideration of my child being allowed to participate in this event, I agree to indemnify and hold harmless St. John Fisher Parish, any and all affiliated organizations, its/their employees, agents representatives volunteers and drivers from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize St. John Fisher Parish to obtain necessary medical treatment for my child in case of illness, injury or accident. My child has the following medical condition or allergies about which a health care provider should be told:

\_\_\_\_\_

During this event I can be reached at \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Enclosed find a check made out to SJF for \$15.00 per shirt: Specify sizes \_\_\_\_\_

- How I can help: \_\_\_\_\_ I can chaperone the group Friday overnight 10PM-8AM
- \_\_\_\_\_ I can drive to and from a service project Saturday morning
- \_\_\_\_\_ I can help with the afternoon bottle/can drive either driving kids or stationed at the assigned grocery store.

Mrs. George has graciously stepped forward to organize our PotLuck Dinner. SJF will provide beverages and rolls. Our dear parents help provide for our very hungry group. Families are welcome. Our volunteers will call you about 2 weeks before the event as to what you can bring. It does NOT have to be home-made. THANKS SO MUCH FOR YOUR SUPPORT!!!