Roman Catholic Diocese of Manchester

Permission Form

Please return Form by: January 12th 2018.

I _____ hereby give ñMy Childò_____
(**Parent/Guardian Name**) **(Child Name)**

permission to participate in the ñActivityò described below.

Sponsor Organization	St. Christopher Youth Group
Activity Description	Rivier University Retreat
Date(s) and Times*	Sunday, February 4th 2018 from 9:30am to 3:30pm
Transportation	☐ Bus ☑ Personal Auto (Employee/Volunteer Driver)
Special Instructions, if any	Parent/guardian email:
Cost	$20, make check payable to St. Christopher Parish
Chaperones Needed	☑ Yes ☐ No Chaperone Cost: $15

* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: _____ Phone: _____

Alternate Contact: _____ Phone: _____

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

_____

_____

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Sponsor Organization and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: _____ Date: _____

For Chaperones:

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Chaperone Signature: _____ Date: _____

Email: _____ Phone: _____