

Diocese of Shreveport and/or the Parish of Saint Joseph Catholic Church
YOUTH EVENT TRAVEL RELEASE AND PERMISSION FORM

I, _____
Parent or guardian

grant permission for my child, _____

to participate in the below described parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the above named parish.

Description and Purpose of event: Confirmation Retreat Date of event: March 9th to March 11th 2018

Destination of event: THE PINES CATHOLIC CAMP BIG SANDY, TEXAS

Departure Time & Place: St. Joseph Church parking lot; 211 Atlantic Avenue

5:30 PM

Return Time & Place: St. Joseph Church parking lot; 211 Atlantic Avenue

1:30 to 3:00 PM

Overnight Accommodations (if applicable) Yes, Lodges at THE PINES

Specific Activities Involved: Planned activities by THE PINES Retreat staff

Cost of Event, other specifics: Event prepaid; Cash needed for store purchases

Adults in charge: | Pete Johnson and Polly Maciulski

Mode of transportation to and from event: Volunteer

Transportation to/from event is the responsibility of the participant

Emergency Medical Treatment

This is to confirm that the Diocese of Shreveport has my full and complete permission to seek and obtain medical attention for _____ in the event of any accident or illness which may occur, including the authorization (child's name) to consent to emergency medical care, if required. I understand that reasonable efforts will be made to advise parents/guardians of their child's condition prior to any treatment. I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Shreveport, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due to gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the event named above.

There are no changes to insurance or medical information since I last filled out Form 1 for my child named above. ___9383

The following changes to insurance and medical information since I last filled out Form 1 for my child named above:

If Guardian of Conservator is signing this consent form, please state the name of parent, if known _____

Emergency Contact Name _____ Cell _____ Do they text? Yes No

Please Print Parent/Guardian/Conservator Name _____ Cell Phone _____ Do you text? Yes No Home Phone _____

Signature of Parent/Guardian/Conservator: _____ Date _____