## PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

## Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a youth ministry sponsored activity requiring transportation to a location away from parish facilities. This activity will take place under the guidance and the supervision of staff and volunteers from St. Colette Parish. A brief description of the activity follows:

and volunteers from St. Colette Parish. A brief descr	iption of the activity follows:		
EVENT: Kids Against Hunger DESTINATION: St. Joh	n Neumann, Canton		
DESIGNATED ADMINISTRATOR OF ACTIVITY: Mary Jo Parnell & Parent Chaperones  DATE/TIME OF DEPARTURE: Friday, Nov. 10, 2023 – Meet at St. John Neumann at 6:15pm  DATE/TIME OF RETURN: Friday, Nov. 10, 2023 – Pick up from St. John Neumann at 8:30pm			
		METHOD OF TRANPORTATION: Church van and pare	ent vehicles
		STUDENT COST: \$10 (cash or check to St. Colette) - c	all monies will go to Kids Against Hunger – light snack is
included but no meal.			
If you would like your child to participate in this, plea	ase complete, sign and return the statement of consent and		
• • • • • • • • • • • • • • • • • • • •	n, you remain fully responsible for the actions and conduct		
of your child.			
Any specific medical needs that the administrator sh	ould be aware of? Yes No		
If yes, please explain:	WAS THE COURSES.  Adjusted and		
RSVP to the Youth Ministry office by 12:00pm Tuesd	ay, November 7 <sup>th</sup> .		
I hereby consent to participation by my child,			
	at this event will take place away from the parish grounds		
	e designated parish employee/volunteer on the stated		
dates. I further consent to the conditions stated abo	ve on participation in this event, including method of		
transportation.			
In consideration of my child being allowed to	participate in this field trip, I hereby agree on behalf of		
myself and my child, to release St. Colette Parish, the	e Roman Catholic Archdiocese of Detroit, and any and all		
affiliated organizations, their employees, agents and	representatives, including volunteer drivers (collectively		
"Releasees"), from any and all claims, including negli	gence, which may be asserted by me or my child, or on		
behalf of my child, arising from or relating to my child	d's participation in the field trip. In the event this release		
	alid or unenforceable, I hereby agree to indemnify and hold		
	g negligence, which may be asserted by me or my child, or		
on behalf of my child, arising from or relating to my			
	nal misconduct or gross negligence; nor does this release		
	I insurance coverage for any claim, but this Release or		
Indemnification shall apply to the extent of any self-i	<del>-</del>		
· · · · · · · · · · · · · · · · · · ·	of participants may be procured during the event and used		
	images or likenesses of the aforementioned person, for		
promotional purposes, by St. Colette Youth Ministry.			
	s, which prohibit tobacco products (including all forms of		
VAPING), drinking, drugs, and leaving the boundaries	s without permission. <u>If there is any violation of the rules,</u>		
teens will accept the consequences of their actions.			
(Print Parent/Legal Guardian Name)	(Parent/Legal Guardian Signature)		
·	- · · · · · · · · · · · · · · · · · · ·		
(Data)	(Phone # that parent on he reached at during a vert)		
(Date)	(Phone # that parent can be reached at during event)		

Please return this form by: bring with you to event, but RSVP to the Youth Ministry office no later than 12:00pm on Tuesday, November 7, 2023.

## Parent Info Sheet - Please keep!

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**DESIGNATED ADMINISTRATOR OF ACTIVITY:** Mary Jo Parnell & Parent Chaperones

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