

*High School Youth Ministry*  
**United Skates of  
America**

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**Friday May 3rd, 2024**  
6:30pm-10pm

**Cost: \$20**

Includes admission, skate rental, and  
all-you-can-eat pizza!

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We will meet at Saint Philip Parish Center  
at 6:30pm and will drive to United Skates  
of America in Rumford, RI.  
We will return by 10pm.

For more information contact Victoria  
Allienello (401) 575-2049.

Permission slips due no later than  
**Monday April 29th.**





# High School Youth Ministry United Skates of America Trip Friday May 3rd

**Description:** Youth in Grades 8-12 are invited for HSYM's trip to United Skates of America for rollerskating and pizza.

**Date & Time of Activity:** Friday, May 3rd, 2024 from 6:30 pm to 10:00pm

Transportation leaves St. Philip at 6:30 pm and returns around 10:00pm.

**Method of Transportation:** Meet at Saint Philip Parish Center, Parent Volunteers Driving

**Cost:** \$20

**Registration Deadline:** Friday April 29th (return forms & payment to RelEd Mailbox or Victoria)

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## PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. The activity description is listed above.

I would like my child, \_\_\_\_\_, to participate in this youth ministry sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above-named child in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

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**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parents:** Are you able to volunteer to drive youth? Check one: \_\_\_Yes \_\_\_No

Youth Last Name: \_\_\_\_\_

Youth First Name: \_\_\_\_\_

Youth Cell Phone (if applicable): \_\_\_\_\_

Youth Email: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Home #: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Youth's Allergies/Health Concerns: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers below, contact:

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone #:** \_\_\_\_\_