

Saint Philip Youth Ministry ~ Middle School "Mini" Lock-In

Friday, March 13, 2020

6 PM -12 AM

Participant Name: _____

E-mail: _____

Address: _____

Telephone: _____

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. A brief description of the activity is as follows:

Type of Activity: Middle School Youth Activity
Description: St. Philip Middle School "Mini" Lock-In
Date & Time of Activity: Friday, March 13th @ 6PM – Midnight
Location of Activity St. Philip Parish Center
Cost: \$15 to participate
I Would Like To Chaperone: _____ **Time Available:** _____

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/ward in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward 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.

Parent/Legal Guardian Signature

Date

Address: _____

Telephone Numbers: (H) _____ (C) _____ **Email:** _____

Child'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 above numbers, contact:

Name: _____

Phone Number: _____