

### Permission Slip<sup>1</sup>

Please return by: upon arrival if parent is not staying from 6:30-9pm.

I \_\_\_\_\_ hereby give "My Child" \_\_\_\_\_  
**(Parent/Guardian Name)** **(Child Name)**

permission to participate in the "Activity" described below.

Diocese Location	Immaculate Heart of Mary Parish
Activity Description	Chucksters, Rte. 4 Chichester
Date(s) and Times*	Friday, June 24, 6:30-9pm
Transportation Provided?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Special Instructions, if any	Meet at Chucksters
Cost	\$20 cash or check, make check payable to IHM
Volunteers Needed <sup>2</sup>	No Volunteer Cost: \$

\* 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.

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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 Diocese Location 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 Volunteers<sup>3</sup>:

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.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> This Permission Slip is required for minors to participate in a trip (day or overnight) or for minors to volunteer.

<sup>2</sup> Must be age 21 or older to serve as a chaperone.

<sup>3</sup> Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.