

Permission Form Due: 3/2/2014

PARENTAL REQUEST FOR PARISH YOUTH EVENTS

(Please Print)

Event: __Serving Clients at Trinity Café –Social Ministry Project __ Cost: __ **See note below!** _____

Date(s): __ Saturday, March 22, 2014 _____ Time: __ 8:00am – 11:00am _____

Parish/School/Sponsor: _____ St. Mark the Evangelist Catholic Church Youth Ministry _____

Other Information: Location---Meet at Trinity Café: 2801 N Nebraska Ave., Tampa 3360

<http://www.trinitycafe.org/map>

***Please note: choose item/s from attached list to donate to Trinity Cafe.**

****Health Department regulations prohibit flip-flops, sandals, or open toe shoes. No Halter tops, tank tops or similar beach attire.**

INFORMATION ABOUT MY SON/DAUGHTER

Name of Youth: _____ Date of Birth: ____/____/____

Gender: Male ____ Female ____ (check one) E-mail: _____

Home Address: _____

Name of Parent/Guardian: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

= OVER =

PUBLICITY/PHOTOS

I consent for St. Mark the Evangelist Catholic Church to display pictures of my teen that might be taken at this event, in the church building, on the parish website, or in the church bulletin. NO Names will be published on the website. I understand that if I object to any picture that is used, it will be removed as soon as possible.

From time to time, publicity releases for newspapers, television, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St Mark the Evangelist Parish or media representative.

I do _____ do NOT _____ give permission for my student(s) name and likeness to be included in the church building, on the parish website, in the church bulletin or publicity releases.

REQUEST FOR TRANSPORTATION

Photocopies are required to be made from the driver's license, vehicle registration card and insurance card. These photocopies are to be made from the originals of each and are to be filed in the volunteer driver's file at the parish/school/early childhood center.

Anyone providing transportation for school/church activities must have a valid Florida drivers' license and personal automobile liability insurance with limits of at least \$100,000.00 bodily injury each person, \$300,000.00 bodily injury each accident, and property damage liability limits of \$50,000.00. The vehicle to be used must be in safe operating condition and occupancy must not exceed the maximum number of occupants for that vehicle. The Diocese of St. Petersburg does not provide primary insurance coverage, but is a secondary source to your own insurance, since Florida law requires the owner of a vehicle to be insured. In order to be covered under the Diocesan plan, proof of insurance and a vehicle registration card must be furnished.

I understand that all Diocesan transportation guidelines will be followed, and, if driving, I agree to follow the above requirements. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office.

I hereby request the following transportation to be used for my son/daughter participating in this event.

[CHECK ONE]

 N/A My son/daughter has permission to ride the Church/Charter bus for this event.

 My son/daughter may ride as a passenger in a private car driven by a teacher/parent/guardian.

 N/A My son/daughter may drive our car to the event **without any other youth or passenger.**

 N/A My son/daughter may drive our car to the event **AND** may have other youth ride as passengers.

 N/A My son/daughter may ride as a passenger in a private car driven by another youth.

 I understand there will not be Transportation provided for these events. Parent/Guardian must provide transportation to and from this event. All participating will meet at Trinity Cafe.

Parent/Guardian: _____ Date: ____/____/____

Parent/Guardian: _____ Date: ____/____/____

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.

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Help Trinity Cafe by donating these items!

As a non-profit organization with limited funds, Trinity Cafe depends on the generosity of the community to make a difference in the lives of the hungry and homeless who come to us for help. In-kind donations of food and supplies are always needed. The list below outlines the items most urgently needed:

Canned foods (Corn, refried beans, chili beans, black beans, peppers, mushrooms)

Rice

Pasta

Dried beans (any variety)

Sugar, flour, salt

Tomato products (sauce, diced, whole puree)

Grits

Granola bars

Cheese sauce

Canned ham, chicken, turkey

Broths of any flavor (chicken, beef, vegetable, fish)

Any herbs and spices

Single serving packets of sugar and sweet 'n low

Packages of cookies

Cooking oil

Fresh produce

Silverware (200 settings)

70" Round flannel backed table covers (12)

Bread baskets (12)

Small artificial flower arrangements (12)

Plastic glassware (16 oz. Size)

Monetary donations used to purchase food

Large sized bottles of hand sanitizer

Eggs

Bacon, sausage and ham

English muffins

Syrup

Muffin or pancake mix

Potatoes

Danish

Fresh fruit or large cans of fruit

Tea bags

Single serving packages of hot chocolate

Individual "mini mo" non-dairy creamers