

**ST. BARBARA YOUTH MINISTRY
PERMISSION FORM**

**2014 NET Ministry Retreat
Sunday, November 30, 2014**

Registration Deadline: Friday, November 21, 2014

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a church-sponsored activity requiring transportation to a location away from the church building. This activity will take place under the guidance and supervision of volunteer chaperons from St. Barbara Parish. A brief description of this activity follows:

Event: *NET Ministry Retreat*

Location: *St. John Baptist de la Salle, Delmont*

Participants: *All Youth – Grade 6-12*

Designated Supervisor of Activity: *Joan Duncan & Elisa Esasky*

Date & Time: *Sunday, November 30, 2014 – 12:30-5:30 p.m.*

Method of Transportation: *Carpooling*

Cost: *\$15 (which includes dinner)*

If you would like your child to participate in this event, please complete and sign the following statement of consent and release of liability. As the parent or legal guardian, I realize I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

I hereby consent to participation by my child, (St. Barbara Parishioner) _____, Grade: _____ in the above named event. I understand that a portion of this event will take place away from the church grounds and that my child will be under the supervision of designated chaperons on the stated date. I further consent to the conditions stated above on participation in these events, including the method of transportation. I have insurance and feel that my accident insurance and hospitalization is adequate to meet all medical expenses. I understand that under no circumstances is St. Barbara Church, or the Diocese of Greensburg or any of the adult chaperons responsible or liable for any injuries sustained by the above youth, due to participation in the activities during the above stated date, or for any bills or expenses incurred as a result of any such injuries, and specifically indemnify and hold harmless St. Barbara Church and the Diocese of Greensburg from such claims for any such injuries.

Parent Signature of St. Barbara Youth (REQUIRED)

Phone

Date

Chaperones are needed for this event. Please check appropriate box below.
(Please note that all chaperones must comply with Diocesan Child Protection Policy.)

☐ I am willing to chaperone/carpool

Name _____ Phone _____

ATTENTION PARENTS:
Please complete the Medical Release Form on reverse side.

ST. BARBARA RELIGIOUS FORMATION
FIELD TRIP PERMISSION/MEDICAL RELEASE FORM
2014-2015

Dear Parents,

The Diocese of Greensburg now requires that we have the following medical information for all youth attending field trips. Please fill out all the information below.

Youth Name _____ Phone _____

Parent Name _____ Work Phone _____

Parent Name _____ Work Phone _____

Primary Care Physician _____ Phone _____

Primary Insurance _____

Identification # _____ Group/Policy # _____

Allergies/Special Concerns _____

I give permission for my child to be treated in case of an emergency:

Parent's Signature _____ Date _____

Emergency Contact (if parents cannot be reached)

Name _____ Phone _____

PHOTOGRAPHIC RELEASE

I hereby grant to the Diocese of Greensburg, Pennsylvania, and its respective licensees, successors and assigns, the right and permission, with respect to those photographs taken of me or the minor named below on whose behalf I am signing, and with respect to any printed or electronic matter in connection therewith, to do the following:

1. To include such photographs on the Diocese of Greensburg website
2. To use my name or the name of the minor on whose behalf I am signing, in connection with the foregoing.

I hereby release, discharge and agree to indemnify and hold harmless the Diocese of Greensburg and its legal representatives, licensees, successor and assigns, from all claims and demands whatsoever arising out of or in connection with the foregoing, and waive any right to inspect or approve the same.

Signature of Subject of Photograph

Printed Name

Address

I hereby certify that I am the *[parent and/or guardian]* of _____, a minor under the age of eighteen years, and hereby consent on behalf of said minor to the use of any of the photographs taken of said minor pursuant to the terms set forth in this Photographic Release, including, without limitation, the release, discharge and hold harmless provisions thereof.

(Print Parent's Name)

(Parent's Signature)

(Date)