PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARTICIPANT'SNAME:	
BIRTHDATE:	SEX:
PARENT/GUARDIAN'S NAME:	
HOME PHONE: ()	CELL PHONE: ()
I, (name of parent or guardian)permission for my child(name of child)participate in this parish youth ministry ever parish site. This activity will take place under employee from St. Charles Parish: Marci S. I follows:	, to nt that requires transportation away from the er the guidance and direction of parish
Type of Event or activity: <u>HIGH SCHOOL ICE</u>	CREAM SOCIAL 50's STYLE
Destination of event or activity: MOST PREC	CIOUS BLOOD CHURCH CHULA VISTA,CA
Individual in charge of and responsible: MA	ARCI S. MORRISON 619.786.1846 (cell)
Date of event: Thursday, July 3, 2013	
Estimated time of departure and return: 3-c	<u> 3 PM at MPB</u>
Mode of transportation to and from event: transportation to and from Most Precious B	
As parent, and/or legal guardian, I remain taken by the above named young person	legally responsible for any personal actions ("participant").
	er parent if known or living (name of parent) y child named herein, or our heirs, successors,
and assigns, to hold harmless and defend sagents, and the Diocese of San Diego, choose the event, arising from or in connection with connection with any illness or injury or cost therewith, and I agree to compensate the	St. Charles Parish, it's officers, directors and aperones, or representatives associated with the my child's attending the event or in of medical treatment in connection parish, its officers, directors or agents, and representative associated with the event for

Signature:	Date: