

**PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION**  
**NEWAYGO COUNTY CATHOLIC YOUTH MINISTRY**

Dear Parent or Legal Guardian:

Your child is eligible to participate in a school/parish-sponsored activity at a location away from the parish premises. This activity will take place under the guidance and supervision of employees from **All Saints/St Barts/St Michaels** Parishes. A brief description of the activity follows:

Name of Event: **Confirmation Sunday Afternoon Retreats (Fourth Sundays)**

Destination: **All Over Newaygo County**

Designated Supervisor of Activity: **Erin Duba & Lori Koester**

Date and Time: **Sundays 2-4:30pm Meeting at Decided Destinations**  
(Oct 25<sup>th</sup> is Heritage Farms)

Method of Transportation: **Parents dropping teens off at events**

Cost: **Church is covering cost. Please sign up to bring a snack.**

**RSVP** to Erin Duba via email [youth@allsaintsfremont.org](mailto:youth@allsaintsfremont.org) OR Text: 231-335-7201

**Statement of Consent**

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above scheduled for **Confirmation 4th Sundays Fall 2020**. I understand that the event will take place away from the school/parish grounds. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless **All Saints/St Barts/St Michaels** Parishes, any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

I authorize **All Saints/St Barts/St Michaels** Parishes to obtain necessary medical treatment for my child in case of illness, injury or accident. List allergies, medication, contacts, or other pertinent comments:

\_\_\_\_\_

During this event, I can be reached at ( \_\_\_\_\_ ) \_\_\_\_\_

I certify that I am the (check one) \_\_\_\_\_ custodial parent \_\_\_\_\_ legal guardian of the minor child named above and I agree to the above terms for myself and for my minor child.

\_\_\_\_\_ (Print Parent's Name)      \_\_\_\_\_ (Parent's Signature)      \_\_\_\_\_ (Date)