

St. Raymond's Youth Apostolate
High School Outing to Help The Sisters of Life Move

When: **Monday, August 14, 2017**
 Meet outside of the parish hall at 9:00 AM
 Return to St. Raymond's around 3:30 PM

Where: We will meet at St. Raymond's to car pool to the Sisters of Life in MD
 11809 Claridge Rd.
 Wheaton, MD 20902

Cost: Free (The Sisters will provide lunch and snacks.)

What to Bring: **This permission slip**
 Clothes for working (packing, helping with whatever they need)
 Please wear sneakers

✂ -----(Cut & Return Lower Portion) ----- ✂

I give permission for my son/daughter _____ to help the Sisters of Life in Wheaton, MD move *with St. Raymond of Penafort High School Youth Apostolate* on Monday, August 14, 2017. If necessary, I give permission for my child to ride with a compliant adult from St. Raymond's to and from the venue. In the event of injury, I release the adult chaperones, the parish and its staff and volunteers, the diocese of Arlington, the diocesan Bishop and his successors in office from any liability. I also agree to allow any necessary medical treatment of my child in case of injury.

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

HS YOUTH APOSTOLATE PERMISSION SLIP
HELP SISTERS OF LIFE MOVE ON AUGUST 14, 2017

Participant's Name: _____ Birth Date: ___ / ___ / ___ Grade: _____
Participant's Cell: _____ Participant's Email: _____ School: _____
Home Phone: _____ Home Address: _____
Mom's Name: _____ Mom's Cell: _____ Mom's Email: _____
Dad's Name: _____ Dad's Cell: _____ Dad's Email: _____

Destination of event: 11809 Claridge Rd. Wheaton, MD 20902

Estimated time of departure: 9:00 AM **Return:** Approximately 3:30 PM

Transportation to and from event: Carpools from St. Raymond's to the Sisters of Life in Wheaton, MD

Parental Permission and Liability Release: As parent/legal guardian of the participant named above, I give my permission to participate fully in **St. Raymond of Penafort** trip to help the Sisters of Life in Wheaton, MD move on August 14, 2017. I agree to indemnify and hereby release The Most Reverend Michael F. Burbidge Bishop of the Catholic Diocese of Arlington and his successors in office, as well as the Catholic Diocese of Arlington and all Diocesan clergy, employees, volunteers, and participating parishes and schools from any and all liability, claims, demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned of the participant resulting from said participant's involvement in the above mentioned event (including transportation to and from the event). Furthermore, I on behalf of the participant hereby assume all risk of personal injury, sickness, death, damage, and expenses resulting from said participant's involvement in the above described event.

Parent/Legal Guardian Signature

Date

Informed Consent to Medical Treatment: I request that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I assume full responsibility for all costs of such treatment. Further, should it be necessary for the participant to return home due to medical, disciplinary, or other reasons, I/we do hereby assume responsibility for the participant's transportation home and any costs related thereto.

Photo: Also, I authorize the Diocese of Arlington to use my child's picture or video recording from this, or any St. Raymond's Youth Apostolate event, for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify the Office of Youth Ministry in writing.

Emergency Contact: Name: _____ Relationship: _____ Phone: _____

Health Information: Are there any medical conditions which may affect the participant's involvement in the above event?

Are there any known allergies including any allergies to medicine? _____

Physician and Medical Insurance: Primary Healthcare Provider _____ Phone _____

Insurance Company _____ Policy Number: _____

I/we understand and hereby agree to the terms and conditions of the participant's involvement in the above described event and I freely execute this Acknowledgement with full knowledge of its content.

Parent/Legal Guardian Signature

Date