



Saint Philip Parish Middle School Youth Activity

Pumpkin Run & The Haunted Labyrinth

Friday, October 13, 2017 * 6:30 PM – 9:00 PM

Cost: \$10 Per Young Person



Detach and return permission slip with payment to Religious Ed Mailbox/School by Friday, October 6th

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. A brief description of the activity is as follows:

Type of Activity: Middle School Youth Activity
Description: Pumpkin Run & The Haunted Labyrinth
 Rejoice in Hope Youth Center, Dyer Ave, Cranston, RI
Date & Time of Activity: Friday, October 13th
 Meeting 6:30 pm, St. Philip Parish Center
 Return to Parish Center approx. 9:00 pm
Method of Transportation: Car: We are in need of adult drivers.
Are you available to drive? No _____ Yes _____ - How Many? _____
Cost: \$10 per young person

I would like my child, _____, to participate in this youth ministry sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child. As parent or legal guardian, I further agree to fully indemnify and hold harmless the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child or their parent/legal guardian.

I hereby consent to participation by my above-named child in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of this agency to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature Date

Address: _____

Telephone Numbers: (H) _____ (C) _____ Email: _____

Child's Allergies/Health Concerns: _____

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone Number: _____