

PARENT PERMISSION AND WAIVER FOR FIELD TRIP/ACTIVITY PARTICIPATION

St. Andrew Church Religious Education Program/Youth Group

Your son/daughter is eligible to participate in a Religious Education/Youth Group sponsored activity at a location away from the church property. This activity will take place under the guidance and supervision of adults approved by the Pastor. A brief description of the activity follows:

Name of Event: **Snow Tubing**

Location: **Liberty Mountain Resort - Carroll Valley PA**

Designated Supervisors of Activity: **Judy Clement, Jane Barvir, Peg Wagaman**

Date and Time: **Friday, Feb. 5, 2010 - leave 7:00 PM - return 10:45PM - drop off and pick up at St. Andrew Church parking lot**

Transportation: **automobile driven by chaperones**

Student Cost: **\$10.00 plus spending money for snacks**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and waiver of liability.

Consent and Waiver

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the church property and that my child will be under the supervision of the designated adults on the stated date. I further consent to the conditions stated above on participation in this event.

I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against St. Andrew Church, the Diocese of Harrisburg (and any diocesan or religious education officers, agents, or employees) which may arise from the participation of the named student in the above described event.

I hereby grant permission to St. Andrew Parish representatives and staff, within their knowledge and ability, to apply limited, appropriate first aid and/or obtain medical care from a licensed physician, hospital, or medical clinic for my child in the event that I cannot be reached.

My child is covered by:

Insurance Policy name and number: _____

Any known illnesses? _____

Any known allergies? _____

Taking any medication? _____

Any other information you feel is important for us to know? _____

Print name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Home Phone

Work Phone.