

YOUTH ACTIVITY – PERMISSION SLIP

TYPE OF EVENT: Confirmation Weekend Retreat 2011

DATE: January 14-16, 2011

LOCATION OF EVENT: Camp Hanover – Mechanicsville, Virginia

INDIVIDUAL(S) IN CHARGE: Sarah Brockwell

ARRIVE AT: Epiphany Catholic Church

AT: Friday

RETURN TO: N/A

AT: Sunday

TRANSPORTATION: caravan

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

NAME OF YOUTH _____

SEX _____ DATE OF BIRTH _____ AGE _____

PARENT/GUARDIAN _____

ADDRESS _____
CITY ZIP

HOME PHONE _____ CELL _____ E-MAIL _____

EMERGENCY CONTACT PERSON _____

PHONE _____ RELATIONSHIP TO YOUTH _____

MEDICAL/HEALTH INSURANCE COMPANY _____

INSURANCE POLICY # _____

PLEASE LIST ANY MEDICATION (PRESCRIPTION OR OTHERWISE) YOU
WILL BE BRINGING ON THE TRIP. _____

PLEASE DESCRIBE ANY ALLERGIES YOU HAVE—FOOD, MEDICATION,
OTHER: _____

PLEASE LIST ANY OTHER INFORMATION THAT YOU FEEL WE MAY NEED
TO KNOW IN ORDER TO BETTER CARE FOR YOUR CHILD: _____

EVENT RULES:

1. The “buddy” system is in effect at all times. No one can go off by themselves without someone else from the group with them and, a chaperone must know where you are at all times.
2. If leaders have reason to suspect you possess or have used illegal substances like alcohol or drugs, or participated in illegal activities, your parents will be called and they will have to come and get you immediately.
3. Off limits areas include: Opposite gender sleeping areas, non-chaperone-driven vehicles, areas determined to be unsafe, and any other designated areas.
4. Show respect for the people on the trip (adults and teens) and for equipment and facilities. No disrespect, of any kind, will be tolerated. Individuals causing damage to equipment and/or facilities are personally responsible for repayment.
5. Language and behavior will be Christian at all times. This includes (but is not limited to) respecting quiet times, willingly participating in all activities, appropriate language, not littering, etc.
6. Use of any tobacco products is prohibited the entire trip.
7. Other rules may be added at a later date as circumstances dictate.

Participant’s Consent

I (your name) _____ have read the rules and agree to live by them and promote them. I understand that violation of the rules and regulations may result in my being sent home early and my not being allowed to participate in future Youth Ministry events.

Name _____ Date _____

Parental/Guardian Consent

I, _____, as parent/guardian of _____, hereby give my consent for him/her to participate in this youth activity. I understand that violations of the rules by my child will result in my being required to come get my child immediately and no refund will be given. I understand that reasonable caution will be taken by the person in charge to prevent injuries, and I release on my behalf and on behalf of my child the volunteers, paid staff, Epiphany parish and the Diocese of Richmond from any liability and/or responsibility for any personal injury or damage to personal property. I authorize adults designated by Epiphany to secure immediate medical treatment for my child if a medical emergency arises while traveling to or from the event or while staying there, when a reasonable attempt to reach me has failed.

Parent/Guardian Signature _____

Date _____