



Parent Permission Form for Out-of-Town Trip Participation

Date _____ Gender M - F Date of Birth _____
Name of Youth _____ Youth SSN _____
City _____ State _____ Zip _____
Parish Address _____
City _____ State _____ Zip _____

Dear Parent or Legal Guardian:

Your son or daughter is eligible to participate in a parish youth group sponsored activity requiring transportation to a location away from the parish grounds. This activity will take place under the guidance and supervision of employees and/or volunteers from _____ Parish youth group. A brief description of the activity follows:

DESTINATION _____
TRIP ACCOMMODATIONS _____
DESIGNATED SUPERVISOR OF THE EVENT _____
DATE & TIME OF DEPARTURE _____
DATE & TIME OF RETURN _____
METHOD OF TRANSPORTATION _____
COST _____

PLANNED ACTIVITIES (Listed below are the activities we plan to offer to the students during the trip. Initial your approval for your son's or daughter's involvement in the specific activities listed below.)

RULES OF BEHAVIOR (Listed below are the rules your son or daughter is expected to obey while participating in this trip.)

As the parent/legal guardian of _____, I have reviewed the information about the trip/outing to _____ and I give my permission for the subject of this release to participate in all planned activities except _____ (Print N/A if there are no exceptions.).

I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of this release has to return home early for discipline violations, it will be at my/our expense.

I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgement not to put themselves or others in dangerous situations. I/We agree to not hold either the Catholic Diocese of Memphis or (parish) _____, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject.

Parent Signature _____ Date _____

Student Signature _____ Date _____

Emergency Phone Number _____

Insurance Company _____ Policy Number _____

Please return this form by _____.