



FORM C

DIOCESE OF MEMPHIS

PARENT PERMISSION FORM FOR OUT-OF-TOWN TRIP PARTICIPATION

Name of Youth _____

Address _____
Street City State Zip

Phone (_____) _____ Gender : Male ☐ Female ☐

Date of Birth ____/____/____ Age ____

Parish Address _____
City State Zip

Insurance Company _____

Policy Number _____

TRIP INFORMATION

Destination _____

Chaperones _____

Departure Date _____ Departure Time _____ AM / PM

Departure _____

Return Date _____ Return Time _____ AM / PM

Return Location _____

Method of Transportation _____

Trip Accommodations (Hotel's Name Address & Phone)

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

Back Side Must Be Signed

Rules of behavior: Listed below re the rules your son or daughter is expected to obey while participating in this trip

Parent and Youth Release Statement:

As parent/legal guardian of _____, I have reviewed the information about the trip to _____ and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that I have initialed above.

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 all reasonable safety precautions will be taken at all times _____ and its agents during the events and activities. 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 for his/her own safety and has the maturity and judgment not to put themselves or others in dangerous situations. I/We agree not to hold _____, (school / church / group) its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of the form.

Parent/Guardian Signature _____

Student Signature _____

Date _____

Parent/Guardian Emergency Phone Numbers

(w)(_____)_____ (h)(_____)_____