

PERMISSION SLIP

I hereby give permission for my child/children, _____ to participate in the activity described below:

Title of Activity: Compassion in Action

Description of Activity: Community Service

Supervisor of Activity: Angelle Schott (Shannon Edson)

Date and Time of Activity: Oct. 13th, Nov.10th, Dec 16th, Jan 12th, Feb 9th, and Mar 9th, and April 13th

Method of Transportation: Meet in St. Dominic's at 9 am; carpool to job sites, return to the church around 3pm/December 9th is from 6-10pm at Ave Maria

Tee-shirt size (circle one): S M L XL

Cost: \$ \$15.00 for a tshirt

My child or children has/have no medical or physical limitations which might limit his/her or their participation in the activity other than those which I have described on the page which I have attached to this Permission Slip. As parent or guardian, I agree that I shall be fully responsible for any injury, harm, or property damage caused by my child to children during the activity. Should my child or children misbehave during the activity, I hereby give permission for the Supervisor of the Activity or his or her designee to direct my child to stop misbehaving, to take "time out," or be returned home by appropriate means, at my expense.

Date

Signature

Email address

Printed Name

Address

Emergency Phone Numbers

Please return form by: **October 7th**

Birth date of Teen _____

ACTIVITY RELEASE

For those 18 years of age or older, all parents, and all guardians:

I consent for any of my children listed below to participate in any activity or trip sponsored by the Diocese of Colorado Springs or its affiliates* (collectively, "the Diocese"). In case of medical need, I authorize the Diocese to arrange for medical or dental services for me and any of my children listed below. I agree that any such expense will be my obligation.

I, individually, and in my capacities as parent, guardian, or next friend of my children:

_____ waive, release, and indemnify the Diocese and its agents, directors, officers, employees, and volunteers (collectively, the "Released Parties") from all claims or liability which have arisen or may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such claims or liability. This waiver, release, indemnification, and promise not to sue does not apply to claims of criminal conduct or gross negligence.

This Activity Release is revocable prospectively only by a writing signed by me which bears the date that the revocation is delivered to the Diocese.

_____ Date Signature

_____ Date Signature

Home phone: _____ Work phone: _____ Mobile phone: _____

Medical Insurance Company and Policy Number: _____

Authorized Medications: _____

Family Physician/Emergency Contact and Phone: _____

Special considerations or needs (allergies, asthma, etc.) _____

For all those over 14 and under 18 years of age:

I waive, release, and indemnify the Released Parties as identified above from all claims or liability which has arisen or which may arise from any Diocesan activity or trip and which involves any damage, loss, or injury to me or my property.

_____ Date Signature _____ Date Signature

*"Affiliates" includes all Diocesan parishes, missions, schools, and ministries and also Catholic Charities of Colorado Springs, Inc., Partners in Housing, Inc., Ave Maria Catholic School Corporation, and the Catholic Foundation of the Diocese of Colorado Springs, Inc., Villa San Jose & Villa Santa Maria, Queen of Heaven Cemetery.

EMERGENCY CONTACTS

Please note: Emergency Contacts are NOT parents.

1) Name _____

Relationship to student _____

Phones: Home _____

Cell _____

2) Name _____

Relationship to student _____

Phones: Home _____

Cell _____



In order to best serve your child in the classroom, we need to know of any medical conditions or special instructions, physical or psychological impairments (i.e. allergies, learning disabilities, etc.)

Name: _____ Concern: _____

Name: _____ Concern: _____

Name: _____ Concern: _____

Please use additional paper if necessary.