

ST. LOUIS CHURCH, CLARKSVILLE
CYM OFFICE (410) 531-6668
CYM MYSTERY TRIP

DATE: TUESDAY, JULY 1 (Meet 6pm St. Louis, Return 10pm)

COST: \$10 (Covers Mystery Event) Parents Can Call Pat Sprankle At Above #
To Check On Activity For Given Night!!!

DEADLINE: JUNE 25, 2009

PARENTAL AGREEMENT & PERMISSION FORM

YOUTH Name: _____ Home Phone: _____
Date Of Birth: _____ Social Security #: _____
Parent Name: _____ Parent Work Phone: _____
Address/Zip Code: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we, as the parent(s) or guardian(s) of _____, allow him/her to participate in the JULY 1, 2009 Mystery Trip with St. Louis Catholic Youth Ministry.

By so permitting my son/daughter to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold CYM and the Roman Catholic Archbishop of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees.

I hereby grant permission to the CYM adult advisor in charge to obtain medical care from a licensed physician, medical clinic, or hospital for my son/daughter in the event that I can't be reached. I am covered for hospitalization and medical care:

Policy #: _____ issued by _____.

___ I am not currently covered by health insurance but will assume responsibility for any emergency medical costs.

Parent Signature: _____
(Guardian-Responsible Party)

Add any medical info (Medication/allergies.): _____

___ I can chaperone for this event.

ST. LOUIS CHURCH, CLARKSVILLE
OFFICE OF YOUTH MINISTRY
(410) 531-6668
LUNCHES TO THE HOMELESS

DATE: SUNDAY, JULY 5 After 9:30am Mass-3pm Make lunches, take to Baltimore, eat lunch, back to SL for pickup.

COST: \$10 (Covers Transportation/Lunch, Pizza)
DEADLINE: JUNE 29, 2009

PARENTAL AGREEMENT & PERMISSION FORM

Name: _____ Home Phone: _____
Address: _____ Parent Work Phone: _____
_____ Zip Code: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we, as the parent(s) or guardian(s) of _____, allow him/her to participate in the 2009 Lunches To The Homeless with St. Louis CYM on Sunday, JULY 5.

By so permitting my son/daughter to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold CYM and the Roman Catholic Archbishop of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees.

I hereby grant permission to the CYM adult advisor in charge to obtain medical care from a licensed physician, medical clinic, or hospital for my son/daughter in the event that I can't be reached. I am covered for hospitalization and medical care:

Policy #: _____ issued by _____
_____.

Parent: _____
(Guardian-Responsible Party)

Add any other medical information (Medication, allergies, etc.):

____ I CAN CHAPERONE

ST. LOUIS CHURCH, CLARKSVILLE
CYM (410) 531-6668
PINEY RUN FUN

DATE: JULY 22 (Lv 9:30AM, Ret 4PM) PINEY RUN NEAR SYKESVILLE
COST: \$10 (Food/Park/Van) Bring extra \$ for snacks! Checks payable to St. Louis
WHAT TO BRING: Swimsuit, towel, hiking clothes and shoes
DEADLINE: JULY 15

PARENTAL AGREEMENT & PERMISSION FORM

Name: _____
Address (Include Zip): _____
Home Phone: _____ Parent Work Phone: _____
Youth Social Security #: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we, as the parent(s) or guardian(s) of _____, allow him/her to participate in 2009 CYM PINEY RUN FUN COOKOUT/HIKE/CANOEING with St. Louis July 22. By so permitting my son/daughter to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold SLCYM and the Roman Catholic Archbishop of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees. I hereby grant permission to the SLCYM adult advisor in charge to obtain medical care from a licensed physician, medical clinic, or hospital for my son/daughter in the event that I can't be reached. I am covered for hospitalization and medical care:

Policy #: _____ issued by _____
_____.

Parent: _____ (Guardian-Responsible Party)

CAN A PARENT CHAPERONE? YES NO

Add any other medical information (Medication, allergies, etc.):

ST. LOUIS CHURCH, CLARKSVILLE
CYM OFFICE (410) 531-6668
CYM MYSTERY TRIP

DATE: WEDNESDAY, AUGUST 5 (Meet 6pm St. Louis, Return 10pm)

COST: \$10 (Covers Mystery Event) Parents Can Call Pat Sprankle At Above #
To Check On Activity For Given Night!!!

DEADLINE: JULY 30, 2009

PARENTAL AGREEMENT & PERMISSION FORM

YOUTH Name: _____ Home Phone: _____
Date Of Birth: _____ Social Security #: _____
Parent Name: _____ Parent Work Phone: _____
Address/Zip Code: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we, as the parent(s) or guardian(s) of _____, allow him/her to participate in the AUGUST 5, 2009 Mystery Trip with St. Louis Catholic Youth Ministry.

By so permitting my son/daughter to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold CYM and the Roman Catholic Archbishop of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees.

I hereby grant permission to the CYM adult advisor in charge to obtain medical care from a licensed physician, medical clinic, or hospital for my son/daughter in the event that I can't be reached. I am covered for hospitalization and medical care:

Policy #: _____ issued by _____.

___ I am not currently covered by health insurance but will assume responsibility for any emergency medical costs.

Parent Signature: _____
(Guardian-Responsible Party)

Add any medical info (Medication/allergies.): _____

___ I can chaperone for this event.

ST. LOUIS CHURCH, CLARKSVILLE
CYM (410) 531-6668
HERSHEY PARK TRIP

DATE: WEDNESDAY, AUGUST 12 (Lv 8am, Return 10pm SL Parking Lot)

COST: \$40 (Transportation/Admission) Bring extra \$ for food!
Make checks payable to St. Louis CYM! DEADLINE: 8/5!

PARENTAL AGREEMENT & PERMISSION FORM

Name: _____ Home Phone: _____
Address: _____ Parent Work Phone: _____
_____ Zip Code: _____

In consideration of the wholesome recreation and/or learning experience in which my son/daughter will participate, I/we, as the parent or guardian of _____, allow him/her to participate in the Hershey Park Trip with St. Louis CYM on WEDNESDAY, AUGUST 12, 2009.

By so permitting my son/daughter to participate, I/we expect reasonable and adequate supervision of my child. It is thus agreed that I/we will hold SLCYM and the Roman Catholic Archbishop of Baltimore, a Corporation Sole, and all their agents, servants and employees harmless from all liability and all legal proceedings arising from this activity, unless caused by or due to the gross negligence of either Corporation, their agents, servants or employees.

I hereby grant permission to the SLCYM adult advisor in charge to obtain medical care from a licensed physician, medical clinic, or hospital for my son/daughter in the event that I can't be reached. I am covered for hospitalization and medical care:

Policy #: _____ issued by _____
_____.

Parent: _____ (Guardian-Responsible Party)

Add any other medical information (Medication, allergies, etc.):

_____ I would like to chaperone (Free Ticket Into Park)