ST. LOUIS CHURCH, CLARKSVILLE

CYM (410) 531-6668

HERSHEY PARK TRIP

DATE: WEDNESDAY, AUGUST 7 (Lv 8am, Return 10pm SL Parking Lot)

COST: $60 (Transportation/Admission) Bring extra $ for food!

Make checks payable to St. Louis CYM! DEADLINE: 8/2!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTAL AGREEMENT & PERMISSION FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 7, 2019.

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 Admission But Must Be SHIELD Certified)