

ST. LOUIS CHURCH, CLARKSVILLE  
OFFICE OF YOUTH MINISTRY  
(410) 531-6668  
BRUNCH AT GRASSROOTS SHELTER

DATE: SUNDAY, \_\_\_\_\_ 11:30AM-1:30PM Meet at Shelter  
(next to Atholton HS), make & serve breakfast to Grassroots.  
Drop off & Pick up at Grassroots.

Contact Emails:

Julie Krein (36kreinfam@gmail.com)  
Jackie Hamilton (hamiltonjnlaw@gmail.com)  
Mary Beth Caddigan (marybeth.caddigan@verizon.net)

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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 BRUNCH AT GRASSROOTS SHELTER with St. Louis CYM on Sunday, \_\_\_\_\_

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.):