

Youth Group Skate



**Friday,
October 1st, 2010
6:30-11 p.m.**

Crofton Skate Zone

**Transportation provided
Chaperones needed.**

Cost \$11.50

**Includes admission & skates
(\$8.00 if you have your own skates)**



**RSVP
NLG
9/26/10**



PARENTAL/GUARDAIN CONSENT FORM AND LIABILITY WAIVER

FIELD TRIP

Participant's Name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name: _____

Home Address: _____

Home Phone: _____ Other Phone: _____

I, _____ grant permission for my child, _____

(Parent or Guardian's name)

(Child's Name)

To participate in this parish even that requires transportation to a location away from the parish site. This activity will take place under the guidance of parish employees and/or volunteers from Holy Family Catholic Church. A brief description of the activity follows:

Type of event: Skate Zone Crofton Lanes

Destination of event: Rte 3, Crofton, Maryland 21114

Individual(s) in charge of event: Pam Rozanski & other adults

Estimated time of departure & return : **6:30 p.m. October 1st, 2010, Holy Family Parking Lot to**

return 11:00 p.m. Holy Family parking lot.

Mode of transportation to and from event: adult chaperones

As parent and or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant") I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend Holy Family Catholic Church, its officers, directors, employees and agents and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors an agents, and the Archdiocese of Washington, its employees and agents and chaperons or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature _____ Date: _____

(Of the following statements pertaining to medical matters, sign only those that are applicable.)

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship _____ Phone _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy#: _____

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications including dosage are as follows: _____ Signature _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, food, plants, insects, etc): _____

Immunizations: I certify that all immunizations are current and up to date:

Signature _____ Date: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____