

DIOCESE OF OWENSBORO ACTIVITY INFORMATION FORM

Parish/School/Institution St. Jerome Parish

Date 9/2021 - 8/2022

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation, under the guidance and supervision of employees and/or volunteers. A brief description of the activity follows:

Destination St. Jerome Campus

Educational Objective (for School) or Other Purpose _____

Planned Activities Fun Nights, FaithX, Brothers & Sisters in Christ, retreats

Lead Supervisor of the Event Shanda Purcell

Date, Time, and Location of Departure _____

Participants may not be dropped off before _____

Anticipated Time and Location of Return _____

****Participants may not be left unattended upon return so be on time please!****

Method of Transportation _____

(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) _____

Total Cost _____ Other Details: _____

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Please return this bottom portion to the designated supervisor of the event: _____

Name and Date of Activity Activities held on the St. Jerome Campus for the 2021-2022 PRE year

Name of Participant _____

Parent/Guardian Phone (Home) _____ **Phone (Work/Cell)** _____

In an emergency someone other than parent/guardian

Emergency Contact Available during Event **(Other than Parent/Guardian):**

Name: _____ Phone (Home) _____

Phone (Work) _____ Phone (Other) _____

X _____

Parent/Guardian Signature

Date

**In signing this, parent/guardian is agreeing to pick up participant on time.

(OVER)

LIABILITY RELEASE--PARENT/GUARDIAN COPY

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and St. Jerome Church (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

(This top portion is to be kept by the parent or guardian so they have all relevant information about the activity.)

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by Sherry Jones, CRE _____ Date _____

(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

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PARISH/SCHOOL/DIOCESAN COPY**

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