

## Parental Release and Consent Form

*This form must be filled out and signed by a parent or guardian.*

PLEASE RETURN THIS FORM TO THE OFFICE OF RELIGIOUS FORMATION BY: **November 3, 2018**

I, \_\_\_\_\_ the undersigned give my permission for my son/daughter  
\_\_\_\_\_ to attend: *(please check all that apply)*

**Confirmation Retreat: Monday, January 21, 2019** 8AM drop-off at **SJN**. 5PM pickup at **SJN**

- At Resurrection Catholic Church • 3315 Greencastle Road, Burtonsville, MD 20866. Cost is **\$75 per participant**. \$ \_\_\_\_\_

(Please include payment with registration)

In the event that I cannot be reached, I hereby give permission for my child to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by medical personnel. I relieve St. John Neumann Parish, the Archdiocese of Washington, D.C., and all chaperones from and all responsibility and/or consequences that might arise as the result of this treatment. Further, I agree to accept all financial responsibility resulting from said treatment.

I will not hold St. John Neumann Parish, the Archdiocese of Washington, D.C., and any chaperones responsible in the event of an injury or accident.

I recognize that immediate expulsion from the trip may occur if my child does not comply with the rules and regulations set forth by the Parish and the Archdiocese of Washington, D.C. I understand that this expulsion is subject to the judgement of the Director of Religious Formation and chaperones present and I will not hold them responsible for any consequence. I also understand that I am financially responsible for any cost that this expulsion may incur.

I have read the rules and regulations together with my child, as outlined in the Code of Student Conduct. I have made sure that s/he fully understands them and the consequences for not complying. I have witnessed their signature on the Code of Student Conduct.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell (Emergency only): \_\_\_\_\_

Work: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Cell (Emergency only): \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Phone: \_\_\_\_\_ Cell (Emergency only): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_