

# Saint Raphael Parish

525 Dover Center Road  
Bay Village, Ohio 44140  
440-871-1100

## PARENT PERMISSION FORM For Field Trip Participation

Dear Parent or Guardian,

Your son or daughter is eligible to participate in a parish-sponsored activity off of parish property. This activity will take place under the guidance and supervision of Saint Raphael Parish, Diocese of Cleveland. Trained and cleared adult chaperones will assist in the supervision of our students.

**Name of Event:** St. Raphael High School Youth Ministry Mass + Bowling Event

**Destination:** Bay Lanes Bowling (27229 Wolf Road, Bay Village, OH 44140)

**Designated Supervisors of Activity:** Miss Amy Lashutka, Miss Nora Ruddy and other adult chaperones

**Date and Time Event Begins:** Sunday, March 8<sup>th</sup>, 2015 1:30 pm

**Date and Time Event Ends:** Sunday, March 8<sup>th</sup>, 2015 3:30 pm

**Method of Transportation to and from the Event:** If teens drove themselves to Mass prior to this event, they may drive to the bowling alley. Those without a vehicle will either ride with an adult leader OR will walk to the bowling alley.

**Fee:** \$10 per person (covers 2 games of bowling and shoe rental). Please bring a few extra dollars to purchase pop. Pizza will be provided!

If you are giving you son or daughter permission to participate in this event, please complete, sign and return this statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your child.

I hereby give consent for my son/daughter \_\_\_\_\_ to participate in the event described above. I understand that this event will take place away from parish grounds and that my son/daughter will be under the supervision of the designated parish representative on the stated date. I further consent to the conditions above, including the behavior of my child and the method of transportation. I also understand that photos may be taken of my teen(s) during this event. I hereby give the St. Raphael Youth Ministry Program (HSYM) permission to publish photographs taken of my teen(s), for use in parish printed publications and website. I release HSYM and St. Raphael from any expectation of confidentiality for my teen(s) and attest that I am the parent or legal guardian of the teen(s) listed below and that I have the authority to authorize HSYM to use their photographs and names.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Emergency Number to contact parent

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Second Emergency Contact Name/Phone

Allergies/Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Teen's Home #: \_\_\_\_\_ Teen's Cell #: \_\_\_\_\_ Texting Y/N

PLEASE RSVP to Amy Lashutka at 440-871-1100 or at [alashutka@saintraphaelparish.com](mailto:alashutka@saintraphaelparish.com) by noon on Saturday, March 7<sup>th</sup>.

In order to attend, you must also bring this completed Parent Permission form to the bowling alley on March 8<sup>th</sup>.