EVENT PERMISSION SLIP

American Martyrs Catholic Church

624 15th Street, Manhattan Beach, CA 90266

(310) 546-4734

pwilliams@americanmartyrs.org

This permission slip form is valid ONLY for the event listed below. The named minor must also have a

***Medical Release Form*** on file with American Martyrs Church SRE office. If the minor does

not have both of these forms completed and signed, he/she will not be allowed to attend the

listed event/activity. Thank you for your cooperation! For any questions and/or concerns, please

contact Patti Williams at 310-546-4734 or pwilliams@americanmartyrs.org

***PLEASE PRINT ALL INFORMATION:***

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity/ Event: Jr High Christmas Dance (7th & 8th Grade)

Location: Knights of Columbus Hall, 224 S. Sepulveda Blvd. Manhattan Beach

Date of Event: Thursday Dec 21, 2017 Time of Event:\_8-9:30pm

Means of transportation (if applicable):\_\_ Parents will drive to and from location\_\_

I, the legal guardian of the above named minor, request that he/she be permitted to

participate in the field trip(s) sponsored by American Martyrs Church. I agree to

direct the minor to cooperate and conform with the directions and instructions of parish

or archdiocesan personnel responsible for the field trip/event. I agree that in the event

the minor is injured as a result of his/her participation in the field trip/event, including

transportation to and from these activities whether or not caused by the negligence

(active or passive) of the parish or archdiocesan youth activity program, or any of its

agents or employees, recourse for the payment of any resulting hospital, medical or

related costs and expenses will first be had against any accident hospital or medical

insurance, or any available benefit plan of mine or of my spouse. I am not aware of any

medical condition of my child which would render the event(s) inappropriate for him/her

to participate in. I hereby give permission to the physician selected by the youth

activities supervisory personnel then present, to render medical treatment deemed

necessary and appropriate by the physician.

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Parent/Guardian Signature Date

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Please PRINT name of the above signature. Contact phone # during dance

OFFICE USE ONLY: Pd $10 Date: