



ACTIVITY PERMISSION SLIP

Top portion to be filled by activity coordinator(s).

Activity/Event: _____

Location: _____

Date: ____ / ____ / ____ to ____ / ____ / ____ Cost: ____

Depart Location: _____ Time: ____ : ____

Return Location: _____ Time: ____ : ____

Transportation: _____

Advisor(s): _____

This form below must be completed and returned by: _____

***Parents or Guardians: Please sign, detach on dotted line,
and return this portion of the permission slip by the specified due date.***

Being informed of these facts and recognizing the risks that may be involved, I consent to the participation (and the event-related transportation, if applicable) of my child(ren):

for the activity/event to: _____

on date(s): _____ as arranged by: _____.

I/we hereby release St. Sanctuary, the judicatory, and all official representatives of the church and denomination from any liability to the extent permitted by law.

Signature _____
Date

Print Name & Relationship

Daytime Phone # _____
Alternate Phone #