



Holy Family High School

College Preparatory

400 East Lomita Avenue

Glendale, CA 91205

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FAX: 818.241.7753



STUDENT AND YOUTH ACTIVITY PERMISSION FORM

STUDENT NAME: _____

GRADE: _____

Activity: Field Trip Other (specify) Freshman Twilight Retreat (from 3:05-5:30PM)

Date: Thursday, September 1, 2010 Cost: No cost to students

Educational Purpose: Freshmen students will participate in an HFHSCP tradition of receiving their Bibles and having them blessed by the clergy of the Holy Family Parish.

Description of Activity: This is a **mandatory** 9th Gr. mini-retreat on campus hosted by Campus Ministry.

Mode of Transportation: None – The retreat will be held on the HFHSCP campus

Teacher/Adult Leader: Mr. Ziomek, Mr. Bringas, Ms. Hannon Attire: Appropriate Non-uniform (p. 35)
Mr. Hamm, and Mr. Spellman

I request that my daughter be permitted to participate in the above activity. My child has no medical condition that would render it inappropriate for him or her to participate in this activity. I have returned the Health and Medical Release Form to the school/parish. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.

As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.

Should it be necessary for my daughter to have medical treatment while participating in this trip, I hereby give the responsible personnel or chaperones permission to use their judgment in obtaining medical service, and I give permission to the physician selected by the school personnel or chaperone to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.

I understand that the insurance benefits through the school or parish, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to indemnify and hold the school harmless from the cost of any medical treatment and related expense and cost incurred.

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Home Phone

Cell Phone

Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____

Day Phone: _____ Cell: _____