

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: **Bowling & Pizza**

Location: **Bowlero, 8731 Lincoln Blvd, Westchester. CA 90045, 310-670-0688**
(formerly El Dorado Bowl)

Date of Event: **Friday March 10, 2017** Time of Event: **6:30pm - 8:00pm**

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.

Parent/Guardian Signature

Date

Please PRINT name of the above signature.

(_____)_____
Contact phone # (during event)

OFFICE USE ONLY: Pd _____ Date _____ Cash/Check _____