

SAINT MARY MAGDALEN YOUTH Ice Skating at Riverfront Rink



Guidelines for Safe Environments Forms

FORM B: EVENT SPECIFIC CONSENT AND RELEASE

Diocese of Wilmington Parish/Diocesan Institution Trip Consent and Release

My child (*please print full name*) _____ has my permission to attend the Ice Skating Event at the Horizon Services Outdoor Riverfront Rink in Wilmington on Sunday, February 1, 2015 from 12:30pm-2:30pm. Transportation is not provided but carpooling is encouraged. The cost of this trip is \$12 per child. This form and the trip fee are due by Thursday, January 22, 2015 to either the Religious Ed office or Parish office c/o Youth Ministry.

SKATE SIZE _____ (No half sizes available)

****This trip is open to any and all 6-12th grade students and their families****

I understand that the participants will travel via parents' cars to/from the event.

I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that SMM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that CYM events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by parish staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. By my signing this, I release SMM Staff, The Office for Catholic Youth Ministry, additional chaperones, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Insurance Carrier/Policy Number _____

Insurance company address _____

Insurance company phone number _____

Prescription meds taken regularly* _____ Other medication taken regularly _____

Emergency Contact Name/Number _____

Please provide your cell number if you are not joining us on the trip! Cell Number _____

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

Advil Tylenol Motrin Aleve Halls (*cough drops*)

Claritin/Zyrtec Benadryl Robitussin (*cough syrup*) Other (*please specify*) _____

Parent/Guardian Name _____ **Parent/Guardian Signature:** _____

Relationship to Participant: _____ **E-mail** _____ **(In case of cancellation)**

Date _____

**If Prescription Medication is indicated, Form C is required.*

We need plenty of cleared adults to chaperone this trip: ___ Yes, I am able to chaperone if needed! E-mail _____