



SUMMER IN THE SON 2018

Youth's Name _____ Date of Birth _____ Gender M or F

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-mail Address _____

Grade in School Fall '18 _____

PERMISSION TO TRAVEL

I, _____ grant permission for my child, _____ to participate in the below described parish event and youth activities. **Please place an initial by each event your child will be attending. Transportation will NOT be provided. Please drop off and pickup your child at the times listed below.** A brief description of the activities follow:

Procession & Game Night _____
Sunday, June 3
St. Rita Church/Youth Room
6:30pm

YOU: Session 2 _____
Sunday, July 15
St. Rita Church/Youth Room
6:30pm-8:00pm

Whirlyball Plano _____
Sunday, June 10
3115 West Parker Road Plano 75023
6:00pm-8:00pm

Rough Rider Baseball Game _____
Sunday, July 22
Dr Pepper Ballpark 7300 RoughRiders Trail
Frisco, TX 750347:00pm

YOU: Session 1 _____
Sunday, June 17
St. Rita Church/Youth Room
6:30pm-8:00pm

YOU: Session 3 _____
Sunday, July 29
St. Rita Church/Youth Room
6:30pm-8:00pm

BowlMor _____
Sunday, July 8
3805 Belt Line Addison, 75001
6:30pm-8:30pm

Movie Night _____
Sunday, August 5
St. Rita Church/Youth Room
6:30pm

CONSENT TO PARTICIPATE AND LIABILITY RELEASE

I, _____ the parent/guardian/conservator of _____ grant permission for my son/daughter to participate in all youth activities and functions.

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by my son/daughter. I recognize the inherent risk associated with the various youth activities that my son/daughter will be participating in. I agree on behalf of myself, my son/daughter named herein, my heirs, successors, and assigns to indemnify, defend, and hold harmless St. Rita Catholic Community and the Roman Catholic Diocese of Dallas, their employees and/or volunteers from any and all claims (unless due to the Sole or Gross NEGLIGENCE of the Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with my son/daughter participating and/or attending the various youth programs and activities during the dates noted above.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this release, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Name of Parent/Guardian/Conservator

Phone Number

Address (if different from one listed above)

Mobile or Add'l Phone Number

Name of Additional Emergency Contact

Phone Number

Signature of Parent/Guardian/Conservator

Date Signed