

DIOCESE OF OWENSBORO
ACTIVITY INFORMATION FORM

Parish/School/Institution- Holy Spirit Catholic Church Youth Group

Date- 3/9/18 - 3/11/18

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation. This activity will take place under the guidance and supervision of employees and/or volunteers from Holy Spirit Catholic Church parish/school/diocese. A brief description of the activity follows:

Destination Youth 2000 - Brescia University Campus Owensboro, KY

Educational Objective Eucharistic Centered Retreat

Planned Activities Presentations, Indoor Activities, Mass and Prayer

Designated Supervisor of the Event Allison Steen-Baker (270)991-1616

Date, Time, and Location of Departure Depart from Holy Spirit at 3:15pm on 3/8/18

Participants may not be dropped off before 2:30pm

Anticipated Time and Location of Return May be picked up about 2:30pm Sunday 3/10/18

Participants may not be left unattended upon return so be on time please!

Method of Transportation Volunteer Drivers

(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) Hampton Inn Downtown Owensboro, KY

Total Cost \$125 PAID \$125 Other Details:

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Please return this bottom portion to the designated supervisor of the event: Allison Steen-Baker

Name and Date of Activity Youth 2000 - Brescia University Campus Owensboro on 3/8/18 - 3/10/18

Name of Participant

Parent/Guardian Phone (Home) Phone (Work/Cell)

▶ In an emergency someone other than parent/guardian ◀

Emergency Contact Available during Event (Other than Parent/Guardian):

Name: Phone (Home)

Phone (Work) Phone (Other)

X Parent/Guardian Signature Date

**In signing this, parent/guardian is agreeing to pick up participant on time.

(OVER)

Revised October 2012
FORM C (pg. 2 of 2)

PARENT/GUARDIAN COPY

LIABILITY RELEASE

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and **Holy Spirit Catholic Church Parish** (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

PARISH/SCHOOL/DIOCESAN COPY
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