

Archdiocese of Portland
Parent/Legal Guardian Permission Slip for Student/Youth

Event Description: CAMP YAMHILL CONFIRMATION RETREAT
Event Cost: \$175.00 (included in registration fees)

Archdiocesan Sponsoring Parish: St. Peter Catholic Church - Newberg, Oregon

Location: Camp Yamhill – 19651 NW Old Railroad Grade Road -Yamhill, OR 97148

Date of Event: Friday/Feb 27, 2015 to Sunday/March 1, 2015

Time: Parent Drop off: 2/27 @ 5pm (dinner) /or/ 6:30pm (beginning) & Parent Pick up: 3/1 @ 11:30am

Contact: SHELLY DIDWAY (Cell phone # 503-522-1375)

Please bring to Camp Yamhill or drop off at parish office prior.

To be completed by Parent/Legal Guardian:

I, _____, the undersigned, give permission for _____,
(Parent/Legal Guardian) (Son/Daughter)
to participate in an off-premises event which will require transportation and supervision by Archdiocesan employees and volunteers.

- I agree to allow my child to participate in this event.
- I authorize the Archdiocese of Portland and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for the payment of those services.

My child agrees to abide by all rules and regulations attached to the event and to **Pledge to respect God, Others and Self.** I understand that St. Peter Parish will not be held liable if my child fails to cooperate with said regulations.

Child's Name: _____ Date of Birth: _____ Female Male

Allergies (foods, drugs, insects, etc.): _____

Medications (name, dosage, reason): _____

Other information (injuries, etc.): _____

Insurance Carrier: _____ Group or ID#: _____

In case of emergency, please notify:

Parent/ Guardian(s) _____

Home Phone Number _____ Cell Phone Number _____

Child's Doctor: _____ Phone Number: _____

Parent/Guardian Signature

Date