

St. Martin of Tours Parish

www.stmartinvc.org

1800 Station Road Valley City OH 44280

330-483-3808

Monday After School Specials 2017-18 School Year PERMISSION FORM

Date \_\_\_\_\_ Medical Release Also Completed YES NO

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent, Legal Guardian)

of \_\_\_\_\_, a student in the \_\_\_\_\_ Grade.  
(Student's Name)

I hereby request permission for the above-named child to be allowed to attend the Monday After School Specials in the ED bldg. They will attend with St. Martin's Staff and Volunteers on Monday's in drop in style from 2:30PM to 7:30 PM, and I consent to the child's participation in such after school activities. I understand that they will play games, watch movies and also discuss Catholic teachings. They May be transported to or from the local high school if applicable. They may be transported to or from the Life Care Center in Valley City for visiting purposes. Pick up/ drop off will be at St. Martin's ED BLDG Students can come for all or part of these Mondays.

I have alerted staff if there are any Medical or Behavioral Concerns. \_\_\_\_\_ (Initial) I have discussed with my child appropriate boundaries for his/her behavior during the event \_\_\_\_\_ (Initial) I am in complete understanding that I must have contact with Terri Yohman if my child is not allowed to be transported by other adults. \_\_\_\_\_ (Initial) I agree to alert Terri Yohman if my child will be bringing a friend more than once \_\_\_\_\_ (Initial) My child is allowed to be transported by friends parents to or from the ED BLDG \_\_\_\_\_ (Initial) I understand, I might be asked to send in food and that I am allowed to walk in at any time \_\_\_\_\_ (Initial) MY Child is ALLOWED to ride with other students YES NO

RELEASE AND WAIVER:

In consideration of the child being allowed to participate, on behalf of my child, my spouse and myself, I hereby assume all risks in connection with the field trip, and I further release, discharge, and/or otherwise indemnify the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Martin of Tours Parish, employees and volunteers from all claims, judgments, liability by or on behalf of my child, myself and my spouse for any injury or damage due to the child's participation in the field trip including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide health insurance for my child. I fully understand what is involved in the Mondays, and I understand that I have the opportunity to call the office and ask any questions. \_\_\_\_\_ (Initial)

IN CASE OF AN EMERGENCY, I CAN BE REACHED AT: \_\_\_\_\_  
(phone number to call)

Alternate Emergency contact:

Printed Name Relationship Phone Number Cell Number

Parent/Guardian Signature: \_\_\_\_\_