

Parent/Guardian Name (Printed)

DIOCESE OF VENICE IN FLORIDA

Notification of Trip and Event For Catholic school students, youth groups, and religious education students

To be completed by trip/event leader: CATHOLIC SCHOOL: ____ or PARISH NAME (for Religious Ed/Youth Outreach):_____ TRIP/ EVENT*: GRADE, CLASS or GROUP: PLACE OF EVENT: NAME OF TRIP/EVENT LEADER: _____ NATURE OF ACTIVITY: DATE(S): _____ TIME EVENT BEGINS: ____ ENDS: ____ PLACE OF DEPARTURE/RETURN: _____ MODE OF TRANSPORTATION: *If this is a sporting event, Competition Schedule should be attached Phone # of person legally responsible: Participant's Name Cell: Home: _____ Work: _____ E-mail (of parents/guardian for minor) Address of participant Emergency Contact Phone #s: Emergency Contact Name (other than parent/guardian) Cell: _____ Home: _____ Work:

minor participant or adult participant, I understand that the terms of that agreement a		_
Signature of Minor's Parent/Guardian or Adult Par	ticipant Date signed	
Please return by to Thank you.		•
Thank you.		
In the case of field trips for which a school/par	rish owned bus or a chartered commercial b	us is 1
In the case of field trips for which a school/partused, the following must be signed: I understand that the school is not responsifield trip.		
In the case of field trips for which a school/parused, the following must be signed: I understand that the school is not responsifield trip. Check one:	ble for the transportation of students for	
In the case of field trips for which a school/particle, the following must be signed: I understand that the school is not responsifield trip. Check one: I will drive my own child to and from I give permission for my child to ride	ble for the transportation of students for the event.	