



**Permission Slip for "The Encounter NYC"**

The youth of the Parish of \_\_\_\_\_ located in \_\_\_\_\_, New York, are attending **The Encounter NYC** on Friday, \_\_\_\_\_, 20\_\_ at **St. Dominic's Church** located at **1739 Unionport Road, Bronx, NY 10462**. The event will take place from **7:00pm** until **9:00pm**. The youth will return to the parish by \_\_\_\_: \_\_p.m. The event is **FREE**.

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(Please detach and return)

**PARENTAL PERMISSION FORM**

I hereby give my son/daughter permission to take part in the The Encounter NYC event on Friday, \_\_\_\_\_, 20\_\_ in St. Dominic's Church (1739 Unionport Road, Bronx, NY, 10462.) The trip is sponsored by the Parish of \_\_\_\_\_ in \_\_\_\_\_, New York and Our Lady of Solace-St. Dominic Parish in the Bronx. I understand that the event will take place from 7:00pm to 9:00pm and I will pick up my child at \_\_\_\_: \_\_\_\_p.m. unless I have checked below that the child can return home on his/her own. I understand that my child will be traveling to St. Dominic's Church in the Bronx by \_\_\_\_\_ and returning by \_\_\_\_\_.

I understand that the trip will have adult supervision, and reasonable and appropriate measures will be taken to minimize risk or injury. In case of an emergency, he/she may be treated by a doctor. Should medical attention be required for my child, I will pay the expenses incurred. In case of accident, injury or loss, my family and I will not hold the Parish of \_\_\_\_\_ in \_\_\_\_\_, NY, Santa Maria and Our Lady of Solace-St. Dominic Parishes in the Bronx, NY, the Idente Missionaries, Idente Youth, or any affiliate/agent liable. I consent that any pictures/video taken of my child in connection with this event can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian (Name printed)  
Number \_\_\_\_\_

Parent's Phone \_\_\_\_\_

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

Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Emerg. Contact's Relationship to Child \_\_\_\_\_

- *My child **will be picked up at** \_\_\_\_: \_\_\_\_ **p.m.** from the point of departure*
- *My child can walk home on his/her own (Parent's signature \_\_\_\_\_)*