



**Permission Slip for “The Encounter NYC”**

The youth of the Parish of \_\_\_\_\_ located in \_\_\_\_\_, New York, are attending **The Encounter NYC** on Friday, \_\_\_\_\_, 2016 at **St. Dominic’s Church** located at **1739 Unionport Road, Bronx, NY 10462**. The event will take place from **7:00pm** until **10:00pm**. The youth will return to the parish by \_\_\_\_:\_\_\_\_p.m. The event is **FREE**.

(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, \_\_\_\_\_, 2016 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 10:00pm 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) Parent’s Phone Number

\_\_\_\_\_  
 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 \_\_\_\_\_)*