

**PARENTAL REQUEST FOR HIGH SCHOOL AND PARISH EVENTS**

(Please Print)

**INFORMATION ABOUT THE EVENT**

Event: \_\_\_\_\_ Cost: \_\_\_\_\_

Date(s): \_\_\_\_\_

Parish/School/Sponsor: \_\_\_\_\_

**INFORMATION ABOUT MY SON/DAUGHTER**

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male \_\_\_\_ Female \_\_\_\_ (check one)

Home Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION:**

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Explain fully.

\_\_\_\_\_

\_\_\_\_\_

**CONSENT AND RELEASE**

**General:** I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Most Reverend Bishop Robert N. Lynch, Bishop of the Diocese of St. Petersburg; the above Parish/School; and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

**Medical:** I request the Parish/School/Diocesan representative obtains medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

**Transportation:** I hereby consent to such transportation based upon the permission granted **ON THE REVERSE SIDE.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Signature)

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**REQUEST FOR TRANSPORTATION**

Dear Parent or Guardian: We have the opportunity to participate in an event requiring transportation. Some vehicles may be provided and driven by parents or by youth. If so, the following requirements must be observed:

Photocopies are required to be made from the driver's license, vehicle registration card and insurance card. These photocopies are to be made from the originals of each and are to be filed in the volunteer driver's file at the parish/school/early childhood center.

Anyone providing transportation for school/church activities must have a valid Florida drivers' license and personal automobile liability insurance with limits of at least \$100,000.00 bodily injury each person, \$300,000.00 bodily injury each accident, and property damage liability limits of \$50,000.00. The vehicle to be used must be in safe operating condition and occupancy must not exceed the maximum number of occupants for that vehicle. The Diocese of St. Petersburg does not provide primary insurance coverage, but is a secondary source to your own insurance, since Florida law requires the owner of a vehicle to be insured. In order to be covered under the Diocesan plan, proof of insurance and a vehicle registration card must be furnished.

I hereby request the following transportation to be used for my son/daughter participating in this event, and, if driving, I agree to follow the above requirements.

**[CHECK ONE]**

\_\_\_\_\_ My son/daughter has permission to ride the Church/Charter bus for this event.

\_\_\_\_\_ My son/daughter may ride as a passenger in a private car driven by a teacher/parent/guardian.

\_\_\_\_\_ **Yes**, I am able to be a volunteer driver.

\_\_\_\_\_ **No**, I am not able to drive for this event.

\_\_\_\_\_ My son/daughter may drive our car to the event **without any other youth or passenger**.

\_\_\_\_\_ My son/daughter may drive our car to the event **AND** may have other youth ride as passengers.

\_\_\_\_\_ My son/daughter may ride as a passenger in a private car driven by another youth.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

=====

**PROOF OF INSURANCE**

Owner of Vehicle: \_\_\_\_\_

Vehicle Make, Year: \_\_\_\_\_ Tag No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Effective (From) \_\_\_\_/\_\_\_\_/\_\_\_\_ (to) \_\_\_\_/\_\_\_\_/\_\_\_\_

Limits: Bodily Injury \_\_\_\_\_ /Property Damage \_\_\_\_\_

*I HEREBY CERTIFY that the above information is true and correct.*

Driver:) \_\_\_\_\_ / \_\_\_\_/\_\_\_\_

(Signature)

**Driver's License Number**

**Date**

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