

St. Elizabeth Ann Seton Church  
310 Hertzler Rd.  
Mechanicsburg, Pa. 17055  
Religious Education Office 697-3545

**PARENT PERMISSION FORM**  
**Snowtubing at Ski Roundtop**  
**Jan. 20, 2008**  
**5:30-8:00 p.m.**

**NAME OF PARTICIPANT** \_\_\_\_\_

I, \_\_\_\_\_ Parent or Guardian of \_\_\_\_\_,  
do hereby grant permission for my son/daughter to attend the **Snowtubing at SkiRoundtop in Lewisberry, PA on January 20, 2008.**

I understand that the program will have competent and adequate supervision and reasonable and appropriate measures will be taken to minimize the risk of injury and/or accident.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event, including the trip to and from the destination. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured in the event that I could not be reached.

In case of accident, injury or loss, neither my family nor I will hold the place where the event is conducted, the group sponsoring the event, nor any persons or affiliated organizations responsible or liable.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

IN CASE OF AN EMERGENCY DURING THIS EVENT I CAN BE REACHED AT THE FOLLOWING

PHONE NUMBER: \_\_\_\_\_

**OR** PLEASE CONTACT THE FOLLOWING PERSON: \_\_\_\_\_

AT THIS PHONE NUMBER: \_\_\_\_\_

ARE THERE CHANGES IN YOUR CHILD'S MEDICAL CONDITION? \_\_\_\_\_

ARE THERE CHANGES IN YOUR MEDICAL COVERAGE? \_\_\_\_\_