

ST. CHRISTOPHER SCHOOL PARENT/LEGAL GUARDIAN PERMISSION SLIP FOR EVENT PARTICIPATION

Your son/daughter guardianship is eligible to participate in a school-sponsored activity that will take place under the guidance and supervision of employees from St. Christopher School.

Name of Event: Catholic Schools Week-Roller Skating for grades K – 8

Where: Parish Center

Cost: FREE (includes skates ~ personal skates not permitted).

Date: Tuesday, January 29th - 8:00 am.

I recognize and acknowledge that there are risks in my child's presence and participation in the above mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against St. Christopher School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives of volunteers arising out of the participation in this event.

Our permission is hereby given to the representative of St. Christopher School to authorize by his/her signature whatever medical/surgical treatment may be considered necessary in the event of an accident or medical emergency in which a parent or guardian cannot be reached. It is understood that every attempt to reach parent or guardian will be made. If a parent/guardian cannot respond, I authorize any licensed physician or medical center to treat the student designated below.

Student Name _____ Homeroom _____

Parent Signature _____

PLEASE RETURN SIGNED FORM BY FRIDAY, JANUARY 18TH

WE ARE IN NEED OF VOLUNTEERS ~ if you can help, please email
Mrs. Kindred @ nkindred@saintchris.org