

# St. Michael the Archangel Parish

St. Michael Canton Youth Ministry

3430 St. Michael Dr. NW

Canton, OH 44718-3099

## Parent Permission and Medical Release Form

Activity:	Canoeing with Stark County Youth Ministries
Location:	Canal Fulton Livery, 219 W. Cherry St, Canal Fulton, Ohio 44614
Date:	July 21st, 2022
Time:	10:00am – 2:00pm (arrive 9:50am)
Transportation:	Provided by Parents <i>With permission slip, teens may drive themselves to/from the Livery.</i>
Cost:	\$20.00
Meal:	Provided
Clothing & Necessities:	Shoes are a must, sunscreen, hat, towel, extra clothes to change into
Weather:	Will take place rain or shine, but if there are thunderstorm, we'll reschedule

I, \_\_\_\_\_ am the custodial parent/legal guardian of \_\_\_\_\_.  
I hereby grant my consent to allow my teen to participate in this activity, coordinated by the youth minister of St. Michael's Church. I grant my permission to allow my son/daughter to participate with St. Michael's youth group with the above named adult, on behalf of my spouse and myself, custodial parent, or other legal guardian. I hereby assume all risks in connection with this church sponsored trip and I further release the Bishop of the Diocese of Youngstown, St. Michael's Church, the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse, custodial parent or other legal guardian ever had, now has or may have due to my son/daughter's participation in this trip, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved regarding this outing, and have the opportunity to call and ask the Youth Minister, Rachel Shumar, at 330-492-3119 #222 about this activity. I have thoroughly read and understand the above, and grant permission for my son/daughter to participate in this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_ In case of an emergency I can be reached at \_\_\_\_\_ or \_\_\_\_\_.  
\_\_\_\_\_ I give my permission for medical attention to be given to my child in the event I cannot be reached.  
\_\_\_\_\_ I do not give permission for medical attention to be given to my child in the event I cannot be notified.  
\_\_\_\_\_ Please note any allergies or medical concerns: \_\_\_\_\_

**\*\*\*DEADLINE: Permission slips must be RETURNED BY July 13, 2022\*\*\***

**Please return to Rachel in the Parish Office**

Questions? Call (330) 491-3119 ext. 222, or email [rachel@stmichaelcanton.org](mailto:rachel@stmichaelcanton.org)

# St. Michael the Archangel Parish

St. Michael Canton Youth Ministry

3430 St. Michael Dr. NW

Canton, OH 44718-3099

## Teen permission to drive motorized vehicle form

Activity:	Canoeing with Stark County Youth Ministries
Location:	Canal Fulton Livery, 219 W. Cherry St, Canal Fulton, Ohio 44614
Date:	July 21st, 2022
Time:	10:00am – 2:00pm (arrive 9:50am)
Transportation:	Provided by Parents <i>With permission slip, teens may drive themselves to/from the Livery.</i>

I, \_\_\_\_\_ am the custodial parent/legal guardian of \_\_\_\_\_.  
I hereby grant my consent to allow my teen to drive a motorized vehicle to this activity, coordinated by the youth minister of St. Michael's Church. I hereby assume all risks in connection with my son/daughter driving to/from this church sponsored event and I further release the Bishop of the Diocese of Youngstown, St. Michael's Church, the pastoral staff, employees and volunteers thereof from all claims, judgment, liability for any injury or damage that the child or his/her estate, myself or my spouse, custodial parent or other legal guardian ever had, now has or may have due to my son/daughter's participation in this trip, including all risks connected therewith whether foreseen or unforeseen.

I fully understand what is involved regarding this gathering, and have the opportunity to call and ask the Youth Minister, Rachel Shumar at 330-492-3119 #222 about this activity. I have thoroughly read and understand the above, and grant permission for my son/daughter to drive to/from this activity.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

**Questions? Call Rachel at (330) 491-3119 ext. 222, or email [rachel@stmichaelcanton.org](mailto:rachel@stmichaelcanton.org)**