



**TRI – PARISH FAITH FORMATION OFFICE**  
**IMMACULATE CONCEPTION, SS. CYRIL & METHODIUS, ST. PETER CLAVER**  
834 New Jersey Avenue ▪ Sheboygan, WI ▪ 53081

**Sarah Weyker**  
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**Parent/Legal Guardian Permission Slip**

**Name of Student:** \_\_\_\_\_

**Parish:** Ss. Cyril & Methodius, St. Peter Claver, Immaculate Conception \_\_\_\_\_

**Activity:** Middle School Wisconsin Catholic Youth Rally \_\_\_\_\_

**Designated Supervisor of Activity:** Sarah Weyker and other parish youth leaders \_\_\_\_\_

**Description of Activity:** Students will be taking a bus to Mt. Mary College and participating in the Wisconsin Catholic Youth Rally. We will depart from the St. Dominic's at 10:30am on March 22nd and return by 7pm. \_\_\_\_\_

**Method of Transportation:** Bus \_\_\_\_\_

**Cost:** \$25 (Registration fee plus contribution toward bus) if registered by Feb. 22 \_\_\_\_\_

I consent to the participation of my child(ren) in the above named activity. In consideration for my child's participation, I agree to reimburse and indemnify the parish (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by the parish in defending a lawsuit that I or my child may bring against the parish which relates to the above named activity if the parish is not found legally liable by the courts and prevails in the lawsuit. If the parish is found legally liable for injuries sustained by my child, this paragraph will not apply.

I understand that I am financially responsible should my child be found at fault for destroying or vandalizing anything during the event.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

Name of reliable adult contact in the event a parent/guardian can not be reached: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relation to student: \_\_\_\_\_

Does the student have any known allergies? If so, please list them here: