

# St. Jude's Youth Hiking Trip to Castle Craig!



Meet at St. Jude's for Mass  
at 11:30am on Sunday, April 28  
Then we will carpool to Castle Craig.

Return approximately 5:00pm.

All kids in grades 6-12 are invited!

Cost = free

*We also need VIRTUS-trained adults to help drive and hike with us!*

Please sign-up by Friday, April 26 by returning this permission slip to St. Jude's.

Diocese of Bridgeport Parental/Guardian Consent Form and Liability Waiver

**St. Jude Catholic Youth Group**

**Hiking Trip to Castle Craig**

**Sunday, April 28, 2024 from 11:30am-5:00pm**

Student's Name: \_\_\_\_\_  
DOB \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_ Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Emergency# \_\_\_\_\_ Cell# \_\_\_\_\_  
Parent's E-Mail Address \_\_\_\_\_

I \_\_\_\_\_ (Parent/ Guardian) grant Permission for my child, \_\_\_\_\_ to participate in this Parish Youth Ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of Father Joseph Gill and (Safe Environment Trained) parish volunteers.

Mode of Transportation: \_\_parent carpool, meeting at St. Jude's

Cost: \$ free, bring lunch and plenty of water

As the Parent and or Guardian, I remain legally responsible for any personal actions taken by above named minor (student). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns to hold harmless and defend each and any Parish of the Diocese of Bridgeport, its officers, directors and agents, chaperones and employees or representatives associated with this event, arising from or in connection with my child attending this event with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and the chaperones, or representatives associated with this event for reasonable attorney's fees and expenses arising in connection there with.

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

**MEDICAL RELEASE FORM**

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor, in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release is intended for **April 28, 2024**. This release for is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medical allergies, chronic illnesses or other conditions: \_\_\_\_\_

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