

# St. James the Apostle Catholic Church

8400 Monarch Drive • Port Richey, Florida 34668

## PARENTAL REQUEST & CONSENT FORM FOR PARTICIPATION IN PARISH EVENT

### INFORMATION ABOUT THE EVENT

EVENT: \_\_\_\_\_ COST: \_\_\_\_\_

DATE(S): \_\_\_\_\_

### INFORMATION ABOUT MY CHILD

NAME OF YOUTH: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GENDER:  Male  Female (check one)

HOME ADDRESS: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

**MEDICAL INFORMATION:** Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Explain fully.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT AND RELEASE

**General:** I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Most Rev. Bishop Robert N. Lynch, Bishop of the Diocese of St. Petersburg; St. James the Apostle Catholic Church; and all employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

**Medical:** I request the Parish/School/Diocesan representative to obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

**Transportation:** I hereby consent to such transportation based upon the permission granted **ON THE REVERSE SIDE**.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

- Please complete the transportation request on the reverse side. -

## REQUEST FOR TRANSPORTATION

Dear Parent or Guardian: Your youth has the opportunity to participate in a parish sponsored event requiring transportation. Some vehicles may be provided and driven by parents or by youth. If so, the following requirements must be observed:

**Photocopies are required to be made from the driver's license, vehicle registration card and insurance card for any volunteer driver. These photocopies are to be made from the originals only and are to be filed in the volunteer driver's file at the parish/school/early childhood center.**

Anyone providing transportation for church/school activities must have a valid Florida drivers' license and personal automobile liability insurance with limits of at least \$100,000.00 bodily injury each person, \$300,000.00 bodily injury each accident, and property damage liability limits of \$50,000.00. The vehicle to be used must be in safe operating condition and occupancy must not exceed the maximum number of occupants for that vehicle. The Diocese of St. Petersburg does not provide primary insurance coverage, but is a secondary source to your own insurance, since Florida law requires the owner of a vehicle to be insured. In order to be covered under the Diocesan plan, proof of insurance and a vehicle registration card must be furnished.

I hereby request the following transportation to be used for my son/daughter participating in this event, and, if driving, I agree to follow the above requirements.

**[CHECK ONE]**

- My son/daughter has permission to ride the Church/Charter bus for this event.
- My son/daughter may ride as a passenger in a private car driven by a teacher/parent/guardian.
  - Yes**, I am able to be a volunteer driver for this event.
  - No**, I am not able to drive for this event.
- My son/daughter may drive our car to the event **without any other youth or passenger.**
- My son/daughter may drive our car to the event **AND** may have other youth ride as passengers.
- My son/daughter may ride as a passenger in a private car driven by another youth.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## PROOF OF INSURANCE

Owner of Vehicle: \_\_\_\_\_

Vehicle Make, Year: \_\_\_\_\_ Tag No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy No: \_\_\_\_\_ Effective from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Limits: Bodily Injury \_\_\_\_\_ Property Damage \_\_\_\_\_

*I HEREBY CERTIFY that the above information is true and correct.*

DRIVER: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Signature) Driver's License Number*