



# MUSKEGON CATHOLIC CENTRAL HIGH SCHOOL

## *PARENT PERMISSION FORM*

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees or parent volunteers from Muskegon Catholic Central School. All school rules will be enforced. A brief description of the activity follows:

**Name of Event:** Senior Post-Graduation All Night Party  
**Destination:** TBA (Details will be provided after Graduation)  
**Designated Supervisors of Activity:** Angela Bartolameolli 231-343-2912 & Lori Doriot 231-638-6590  
**Date and Time of Departure:** Sunday, June 3, 2018 after 4 pm Graduation  
**Anticipated Time of Return:** Monday June 4, 2018 @ 6:15 am (approximately)  
**Method of Transportation:** Bus  
**Cost:** None day of Graduation ~ Senior Parent Fee Previously Paid

If you would like your student to participate in this event, please complete, sign, and return the following statement of consent and acknowledgement. Keep the above for your information. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student:

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**Name of Event:** Senior Post-Graduation All Night Party

I hereby consent to participation by my son/daughter \_\_\_\_\_ in the event described above. I understand that this event will take place away from school grounds and that my child will be under the supervision of the designated school employee or volunteer on the stated dates. I further consent to the conditions stated above on participation in this event, including transportation. In any emergency, I hereby give my permission to the school-appointed coordinator of this event to secure emergency medical and/or emergency surgical treatment for the above named child during the trip. List allergies, medications, contacts, and other pertinent comments:

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In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless Muskegon Catholic Central School, any and all affiliated organizations, their employees, agents, representatives, volunteers, and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence, arising from or relating to my child's participation in this event.

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Print Parent / Guardian Name

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Parent / Guardian Signature

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Date

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Home Phone Number

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Alternate Phone Number

**Return Deadline: Tuesday, May 15, 2018 ~ Seniors Last Day of School!**