

**DIOCESE OF OWENSBORO  
ACTIVITY INFORMATION FORM**

Parish/School/Institution \_\_\_\_\_

Date \_\_\_\_\_

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation. This activity will take place under the guidance and supervision of employees and/or volunteers from \_\_\_\_\_ parish/school/diocese. A brief description of the activity follows:

Destination \_\_\_\_\_

Educational Objective \_\_\_\_\_

Planned Activities \_\_\_\_\_

Designated Supervisor of the Event \_\_\_\_\_

Date, Time, and Location of Departure \_\_\_\_\_

**Participants may not be dropped off before** \_\_\_\_\_

Anticipated Time and Location of Return \_\_\_\_\_

**\*\*Participants may not be left unattended upon return so be on time please!\*\***

Method of Transportation \_\_\_\_\_

(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) \_\_\_\_\_

Total Cost \_\_\_\_\_ Other Details: \_\_\_\_\_

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Please return this bottom portion to the designated supervisor of the event: \_\_\_\_\_

**Name and Date of Activity** \_\_\_\_\_

**Name of Participant** \_\_\_\_\_

**Parent/Guardian Phone (Home)** \_\_\_\_\_ **Phone (Work/Cell)** \_\_\_\_\_

▶ In an emergency someone other than parent/guardian ◀

Emergency Contact Available during Event (Other than Parent/Guardian):

Name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Phone (Other) \_\_\_\_\_

X \_\_\_\_\_

Parent/Guardian Signature

Date

**\*\*In signing this, parent/guardian is agreeing to pick up participant on time.**

(OVER)

Revised October 2012

**PARENT/GUARDIAN COPY**  
**LIABILITY RELEASE**

I/We, the parent(s) and/or legal guardian(s) of \_\_\_\_\_ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and \_\_\_\_\_ (name of organization) I/We release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult witness to Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

**PARISH/SCHOOL/DIOCESAN COPY**  
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**Revised October 2012**