



I St. Joseph's Catholic Church

Office of Religious Education
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First Holy Communion Retreat Permission Form

Location: Bishop Guilfoyle Regional Catholic School

Date and Time: A, B & Catholic School Sat., March 13, 2010 9 a.m. until 11:00 a.m.
C,D, & E Sat., March 13, 2010 11:30 a.m. until 1:30 p.m.

Dress should be casual and children will be given a colored t-shirt to wear over their clothes.

Please note that by signing this release, you are not only requesting that your son/daughter participate in this activity and consent to that participation, but you are also waiving any and all claims that might arise out of such participation.

Please complete the form below, circle your child's session, cut along the dotted line, and mail or drop off to the Office of Religious Education by **Tuesday, February 9, 2010**. Keep the top of this paper in a safe place at home.

My son/daughter _____ has permission to participate in the First Holy Communion Retreat at Bishop Guilfoyle Regional Catholic School, Carney's Point, New Jersey, on **Saturday, March 13th** from **9:00 a.m. to 11:00 a.m.** or **11:30 a.m. to 1:30 p.m.**. **(PLEASE CIRCLE ONE)**. He/She is in good physical condition and has not had any serious illness or operation since his/her last health examination. I release any and all claims against Saint Joseph's Church, their religious education program, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators, and volunteers for damages and/or injuries and hold these entities harmless from and against any claim or claims brought by or on behalf of my child or by or on behalf of any other person arising out of or in any way connected with our child's participation in the activity.

During the activity, I may be reached at:

Address: _____

Phone Number(s): _____

If I cannot be reached, in the event of an emergency, the following person is authorized to act on my behalf:

Name _____

Phone Number(s): _____

Address: _____

Relationship to Child: _____

Physician's Name: _____

Phone Number: _____

Additional Remarks: _____

Parent/Guardian Signature _____