



One Parish ~ Two Churches

www.solacedominic.org

Parish of Our Lady of Solace-St. Dominic

FAITH FORMATION CENTER

1710 Unionport Road, Bronx, NY 10462

For More Info, Contact Brother Pjetër: (347) 948-3122

Permission Slip for Teens Lenten Retreat

The Parish of Our Lady of Solace-St. Dominic is organizing a Teen Lenten Retreat on Saturday, March 17, 2018 at the Parish Hall in St. Dominic Church (1739 Unionport Road, Bronx, NY 10462). The retreat takes place from 9:30am until 2:00pm. The cost of the retreat is free of charge. Lunch is provided by the Parish.

(Please detach and return)

PARENTAL PERMISSION FORM

I hereby give my son/daughter permission to take part in the Teens Lent Retreat on Saturday, March 17, 2018 at the Parish Hall in St. Dominic Church (1739 Unionport Road, Bronx, NY10462). The retreat is sponsored by Idente Missionaries and Our Lady of Solace-St. Dominic Parish. I understand that the retreat will begin at 9:30am at St. Dominic's Church in the Bronx and will end at 2:00pm. I agree to pick up my child after the retreat and take them home unless I have checked below that the child can return home on his/her own. I understand and grant my child permission to travel by public train and/or public bus to the Teens Lent Retreat.

I understand that the trip will have adult supervision, and reasonable and appropriate measures will be taken to minimize risk or injury. In case of an emergency, he/she may be treated by a doctor. Should medical attention be required for my child, I will pay the expenses incurred. In case of accident, injury or loss, my family and I will not hold Santa Maria and Our Lady of Solace-St. Dominic Parishes, Idente Missionaries, Idente Youth, or any affiliate/agent liable. I consent that any pictures/video taken of my child in connection with this event can be used for publicity, promotion or television showing now or in the future, and I waive compensation in regard thereto.

Child's Full Name _____ Child's Date of Birth _____

Parent/Guardian (Name printed) _____ Home Phone # _____ Parent's Cell # _____

Parent/Guardian Signature _____ Today's Date _____

Emergency Contact Full Name _____ Emergency Telephone number _____

Home Address _____ City, State, Zip Code _____

Parent's email _____

Please check one of the boxes below:

- My child **will be picked up** from the point of departure*
- My child can walk home on his/her own (Parent's signature _____)*