

SAINT SAVIOUR HIGH SCHOOL

588 Sixth Street
Brooklyn, NY 11215

PARENT CONSENT FOR FRESHMEN RETREAT

This is to certify that _____ has my

PRINT NAME OF STUDENT

permission to attend the one-day retreat located in the church hall of St. Saviour Parish on Monday, September 25, 2017.

I understand that dismissal will be at 12 Noon.

I, the parent or guardian, agree to hold harmless and release St. Saviour High School and all retreat chaperones from any liability as to personal injury and/or property damage sustained by my daughter while on retreat.

Signature of Parent

Print Name of Parent/Guardian

Phone Number of Parent/Guardian

Date Signed

Signature of Student

Print Name of Student

This form must be returned to the Campus Ministry office by Tue, September 19th