

St. Andrew Catholic Church – Saline, MI  
CREDO Program Off-Site Event  
**Parent/Guardian Permission Form**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish sponsored activity requiring transportation to a location away from the parish building. This activity will take place under the guidance and supervision of authorized personnel from St. Andrew Catholic Church.

**Name of the Event:** Corn Maze and Bonfire

**Destination:** Coleman’s Corn Maze, 12758 Jordan Rd. Saline

**Date and Time:** October 16, 2011 at 6:45 p.m. – meet at Coleman’s farm

**Date and Anticipated Time of Return:** Please pick up your student at Coleman’s at 8:30 p.m.

**Method of Transportation:** Self-provided

**Student Cost:** \$7 per person (**CREDO members pre-paid by Sunday Oct. 9**), \$9 per person for guests and CREDO members signing up/paying on day of the activity.

**Emergency Phone Number:** 734-323-5542



**Note: Bring a flashlight – it is very dark in the maze!**

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

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**PERMISSION FORM FOR CREDO OFF-SITE EVENT**

I hereby consent to participation of my son/daughter, \_\_\_\_\_ in the off-site trip listed below.

**Name of the Event:** Corn Maze and Bonfire

**Destination:** Coleman’s Corn Maze, 12758 Jordan Rd. Saline

**Date and Time:** October 16, 2011 at 6:45 p.m. – meet at Coleman’s farm

**Date and Anticipated Time of Return:** Please pick up your student at Coleman’s at 8:30 p.m.

**Method of Transportation:** Self-provided

**Student Cost:** \$7 per person (**CREDO members pre-paid by Wed. Oct. 12**), \$9 per person for guests or CREDO members signing up/paying on day of activity.

**Emergency Phone Number:** 734-323-5542

I understand that this event will take place away from the parish grounds and that my son/daughter will be under the supervision of the authorized parish personnel (as indicated above) on the stated dates. I consent to the stated conditions for participation in this event, including the method of transportation. I further understand that if my student chooses behavior that is inappropriate, I may be requested to remove my student from the program.

\_\_\_\_\_  
(Print parent/legal guardian’s name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/legal guardian’s signature)

\_\_\_\_\_  
(Date)

A medical release form must be on file before your son/daughter may participate in this activity.