

**St. Cassian Church Office of Evangelization**  
**Lee Ann Rivera**  
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**(973) 744 – 2850**

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in an activity sponsored by the St. Cassian Youth Group, requiring transportation to a location away from the Church building. This activity will take place under the guidance and supervision of employees of St. Cassian Church. A brief description of the activity follows:

Description of What Will Take Place:

- Name of Event:** *“A Night with Cardinal Tobin” (High School only)*
- Destination:** Archdiocesan Youth Retreat Center (499 Belgrove Drive, Kearny)
- Designated Supervisor of Activity:** Lee Ann Rivera
- Meeting Date and Time:** Tuesday, October, 10, 2017 (7:00pm)
- Pick-Up Time:** Tuesday, October, 10, 201 (9:00pm)
- Method of Transportation:** Meet at Archdiocesan Youth Retreat Center
- Cost:** FREE!

**Come join us for a night set aside JUST FOR THE TEENS  
to have the chance to meet, learn more about and talk with  
Cardinal Tobin (our Archbishop and a possible future Pope!)–  
in a “Town Hall” style gathering!**

Highlighting our youth involvement in our youth ministry and recognizing their accomplishments increases motivation and promotes self-esteem. We are requesting your permission to release your child’s photo and/or video for Church use including our website, social media, and to the local news media.

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

Forms and fees must be returned to your teacher, emailed, or dropped off at the Parish Center by  
**\*\*\*Thursday, October 6, 2017.\*\*\***

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**Activity: “A Night with Cardinal Tobin”**

**Date: 10/10/17**

I request that my child, \_\_\_\_\_, participate in the event described above. I understand that this event will take place away from the Church grounds and that my child will be under the supervision of the designated Church employee or volunteer on the stated dates. I further consent to the conditions stated above on participation on this event, including the method of transportation and use of photo and video.

I understand and agree that in the event that my child should suffer injury of any sort while participating in the event described above, unless such injury is solely caused by their intentional conduct, I agree to hold harmless, and not to pursue any claims against the Church/Church group sponsoring this activity, or any of its agents, servants, or employees, as a result of such injury.

Parent’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent’s Name: \_\_\_\_\_ Interested as chaperon: **Yes No** Completed *Protecting God’s Children*: **Yes No**

Emergency Contact Name: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

CCD or SCS teacher (if applicable): \_\_\_\_\_

Allergies/Concerns: \_\_\_\_\_