PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's name:_____

Birthdate:_____**Sex:**_____**Grade**____

Parent/Guardian's name:_____

Home address:_____

Home phone:_____ **Cell phone:**_____

Date/Type of event: ____**Friday November 18th , FNO**_____
Destination: _____**Grand Slam**_____
Individual(s) in charge: _____
Estimated time of departure and return: _____**6:00PM-9:00PM**___
Mode of transportation to & from event: __**School bus**_____
Student cost if applicable: ____**$20**_____
Permission Form Due*:** ___**Wednesday November 16th**

******ADULTS NEEDED!!!** ****

Checking below indicates you will be in attendance at the event at no cost to you.

_____I will be a chaperone _____ I can't help this time

I, _____, grant permission for
(parent or guardian's name)
my child, _____, to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:
_____**Phone:**_____
(name)

As parent or guardian, I agree to all of the above stated considerations and conditions.

_____ _____
(signature) **(date)**

Optional Medical Information:

Medication my child is taking at present:_____

Family Health Plan carrier number:_____

Family Doctor:_____Phone:_____