

Back to School Party

Parental/Guardian Consent Form and Liability Waiver

PARTICIPANT'S NAME _____

BIRTH DATE _____ GRADE _____ (please circle one) M F

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

I, _____, grant permission for _____
Parent/Guardian's Name *Child's Name*

to participate in **BACK TO SCHOOL PARTY** youth ministry event. We will be at the Parish Office Garage on September 25, 2010 from 7:00pm to 9:00 pm. Cost: Free

I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/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 expense incurred by the parish and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME _____ PHONE NUMBER _____

OPTIONAL MEDICAL TREATMENT:

Medication my child is taking at present: _____

Family Doctor: _____ Phone Number _____

Family Health Plan Carrier Number _____

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

Signature _____ Date _____

I would like to Chaperone

Name: _____ Phone # _____