



Church of  
St. Michael

# Ski Club

Parent/Guardian Consent Form and Liability Waiver

## Participant Information

Participant's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Grade \_\_\_\_\_ Gender M F

## Parent/Guardian Information

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

## Emergency Contact

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name & Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

## Medical Information

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

*In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatments. I wish to be advised prior to any further treatment by the hospital or doctor.*

**Please choose one of the following:**

\_\_\_\_\_ My child is taking the following medications: \_\_\_\_\_

\_\_\_\_\_ No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

\_\_\_\_\_ I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

The parish will take reasonable care to see that the following information will be held in confidence.

Allergies: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Immunizations: Date of late tetanus/diphtheria immunizations \_\_\_\_\_

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, please list the date and disease or condition. \_\_\_\_\_

My child has the following special needs of which you should be aware \_\_\_\_\_.

*I grant permission for my son/daughter to participate in the **Ski Club** being held Jan. 13, Jan. 20, Feb. 3, Feb. 10, Feb. 17, and possibly Feb. 24. at **Buck Hill Ski Club**. Karen Kassekert, Director of Middle School Faith Formation, will be the individual in charge of coordinating this event with Buck Hill.*

*As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child and I agree to hold harmless and defend the Church of Saint Michael, it's officers, directors and agents, and the Archdiocese of St. Paul and Minneapolis, chaperones, or representatives associated with this event, from any claims or lawsuits arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment incurred. I also agree to pay reasonable attorney's fees or expenses incurred by the parish, and Archdiocese in defense of such a claim/lawsuit. I furthermore warrant that my child is in good health.*

**As parent or guardian, I agree to all of the above stated considerations and conditions. I also agree to allow any picture or videos taken during this event to be used as promotional material for the St. Michael's Faith Formation program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Information

Yes! I will make sure this event is a success by serving as a chaperone!

Name \_\_\_\_\_

Dates available to chaperone: (please circle

Jan 13            Jan 30            Feb 3            Feb 10            Feb 17            Feb 24 (if needed)

Important Ski Club Updates will be sent to the above listed email address. If you are unable to check email, please provide a means to communicate with you below. If you would like the emails to go to more than one email address, please list that below.