

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____
Home Address: _____
City: _____ State/Zip: _____ Home Phone: _____
Email: _____ @ _____ Parish: _____
Date of Birth: ___/___/___ Gender: __Male __Female Grade in School: _____
Parent/Guardian's Name: _____
Cell Phone: _____

Name of Event Summer Stretch
Date of Event: July 1, 8, 15, 22, 29, August 6th(Valley Fair) 2009
Location: MEET AT Shakopee Area Catholic Education Center

Individual in Charge: Melissa Carlson and Janelle Heikkila
Start Time of Departure: 8:00 a.m. **End Time:** 5:00 p.m.
Mode of Transportation To & From Afternoon Events: School Bus and carpool

I, _____, grant permission for _____
Parent or Guardian Name Child Name

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 parishes, Shakopee Catholic Youth Ministry and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parishes/Shakopee Catholic Youth Ministry/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 parishes, Shakopee Catholic Youth Ministry and the Archdiocese in defense of such a claim/suit.

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

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date