

All Saints Catholic Church

19795 Holyoke Avenue, Lakeville, MN 55044 | 952-469-4481

Parental/Guardian Field Trip Consent Form and Indemnity Agreement

PARTICIPANT INFORMATION

Last Name	First Name	Middle
Street Address	City	Zip Code
Home Phone	Alternate Phone	Email (necessary)
Birth Date	Grade	Parent/Guardian's Name(s)

EVENT INFORMATION: ONE TIME PERMISSION FORM FOR ALL LIFE LINE MASSES 2011-2012 Season

Name/Description of Event: Life Line Masses 2011-12	Date: 1 st Saturday of month (see schedule for 2011-12)
Location: NET Center, St. Paul	Time: 4:30pm-10:30pm
Individual(s) in Charge: Chris Kuhn	Cost: see event details
	Transportation: bus/carpool

PERMISSION AND INDEMNITY AGREEMENT

I, _____ grant permission for _____
Parent or Guardian's Name Participant's 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 parish 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/lawsuit. By submitting this form participants agree to All Saints Code of Behavior. Permission forms due minimally 48 hours before event unless defined otherwise. All Saints reserves the right to cancel or modify events based on number or participants and chaperones. I give permission for my child to be given pain reducing medication such as Tylenol or Motrin according to label prescribed dosage..

MEDICAL INFORMATION

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

Name of Emergency Contact _____ Phone Number _____

ADDITIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan Carrier Number: _____

Family Clinic/Doctor: _____ Phone Number: _____

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

Signature _____ Date _____

____ Contact me about driving/chaperoning for a Life Line monthly mass below. (see schedule for exact dates)

____ Oct ____ Nov. ____ Dec. ____ Jan. ____ Feb. ____ March ____ April ____ May

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Youth Code of Behavior

1. Alcoholic beverages and/or illegal drugs are not allowed. If you are found under the influence or in possession of alcohol or drugs **parents will be called immediately.**
2. No tobacco of any kind may be possessed or used on any youth activity.
3. If you damage church or activity establishment property, you will pay for it.
4. Youth are expected to follow rules that are established by the adult leaders, or by the managers of the facilities used. The staff, and site supervisors have the right and responsibility of correcting any problems they encounter.
5. Youth are responsible for keeping track of their own property. **All Saints is not responsible for lost, stolen, or broken items.** Youth may not bring portable electronics.
6. Participants are expected to stay at the designated activity facilities at all times. Participants are expected to be at scheduled activities and to be with our group. Participants are not to go anywhere away from the group without a leader. (Please check out before leaving and upon returning.)
7. Sexual activity or couple behavior is inappropriate while on youth activities.
8. All youth must bring a signed parent emergency/authorization. This form is for the youth's safety as well as a legal necessity for the parish.

I HAVE READ AND UNDERSTAND THE ABOVE GROUND RULES AND AGREE TO ABIDE BY THEM:

BY SUBMITTING THE LIABILITY FORM FOR THIS EVENT PARTICIPANTS AGREE TO ABIDE BY THIS CODE OF CONDUCT.

Please note that all ground rules are provided to assure an atmosphere of care, safety and respect for all participants. Thank you for taking the time to read them over carefully before signing.