

WINTERBLAST LOCK-IN

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR PARTICIPANT

Participant Name: _____

Home Address: _____

Date of Birth: ___/___/___ Sex: M / F Grade in School (17-18): ___ Email: _____

Parent/Guardian#1: _____ Parent/Guardian#2: _____

Home Phone: _____ Work/Cell Phone : _____

Home Phone: _____ Work/Cell Phone : _____

Date of Event/Field Trip: **Friday, December 15-16, 2017**

Destination: **St. Vincent de Paul Catholic Church and Maple Grove Community Center**

Individual(s)/Teacher(s) in Charge: **Margaret Kelly**

Time of Departure: **7:00pm** Estimated Time of Return: **6:00am**

Mode of Transportation To & From Event: School Bus

Cost for event: **\$20.00**

WILL YOU HELP MAKE THIS EVENT POSSIBLE?-- YOU ARE NEEDED AS A CHAPERONE!

_____ T-shirt size for chaperone: _____
Chaperone Name/Number

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 **Church of St. Timothy, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** from any claims or law suits brought against the **Church of St. Timothy, all Churches participating, and the 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 **Church of St. Timothy, all Churches participating, and the Archdiocese** in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of **Church of St. Timothy and all Churches participating.**

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/Relation Emergency Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

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: _____

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

Medical Treatment: In the event it comes to the attention of *Church of St. Timothy* or any of the other Churches participating, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached sheet.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: *Church of St. Timothy* and all Churches participating, will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations-Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

Any special medical conditions? _____

Use of Image: I grant permission to *Church of St. Timothy* to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, or for any other lawful purpose whatsoever, including photographic portraits, picture, reproductions, made through any medium, including electronic media and the undersigned parent/guardian does hereby release YOUR CHURCH NAME and all churches participating with such use. This authorization and consent permits such use to associate my child's name with the likeness for such purposes provided such use and is consistent with the acceptable use policy for electronic communications and other policies.

Electronic Communication: I authorize staff or other leaders of *Church of St. Timothy* and parish leaders to communicate with my child electronically, including via social media in accordance with the Acceptable Use Policy for Electronic Communication.

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Church of St. Timothy* and all Churches participating, in this event sponsored by *Church of St. Timothy*, all Churches participating through December 15-16, 2017 **Please read and sign.**

I, _____, **WILL:**
Printed Name of Teen

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, *Church of St. Timothy* can send the participant home at the participant/guardian's expense.

Participant Signature

Date

Parent/Guardian Signature

Date

Please return this form to the Parish Office by Wednesday, November 15th.