



and



for Youth in grades 6-12 (2018-19)

Wednesday, July 18 2018

Participant Name _____ Grade (2018-19) _____ Male / Female

Home Address _____ City: _____ ZIP: _____ School: _____

Parent/Guardian Names _____ Primary Phone _____

Secondary Phone _____ Parent Email: _____

Able to Drive/Chaperone? Yes No Contact me if needed Other Comments: _____

Type of Event: Feed My Starving Children & Valleyfair **Date: Wednesday, July 18 2018**

Location: Chanhassen Site & Park in Shakopee **Time: 8:30am – 9:00pm**

Cost: \$30 -Due upon registration -Checks written out to St. Tim's Church -Assistance available

Registration Due: Monday, July 9 by 5:00pm **Meet and pick-up: St. Tim's parking lot**

EMERGENCY MEDICAL TREATMENT - In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, and you are unable to reach me at the above numbers, please contact:

Emergency Contact Name _____ Phone Number(s) _____ Relationship _____

HEALTH INFORMATION (Optional)

Allergies (drug, food, other) _____

Medication my child is taking currently _____

Other Medical Conditions _____

Family Doctor / Clinic _____ Phone Number _____

Insurance Company _____ Family Health Plan carrier number _____

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 from any claims or law suits brought 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 in defense of such a claim/suit.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Church of St. Timothy while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I, _____ (Parent or Guardian) give permission for _____ (Child) to participate in the event described above if under 18.

Parent/Guardian Signature: _____ Date: _____

Office Use Only Received: ____/____/2018 Payment: _____ Notes: _____