



PARENTAL/GUARDIAN CONSENT AND INDEMNITY AGREEMENT

THIS FORM IS TO BE HANDED IN TO:

St Therese Parish: Seyha Saumweber, Youth Minister

Student/Participant Name: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Email: _____
 Date of Birth: ____/____/____ Gender: Male Female Grade (Fall 2016): 8 9 10 11 12
 Parent/Guardian's Name: _____ Phone: _____
 Cell: _____ Cell: _____ Other: _____

Event Type: Lifeline
Location: NET Center – 110 Crusader Ave. W., West St. Paul, MN 55118 **Group Leader:** Seyha Saumweber
Drop off: 5:00 PM **Pick up:** 9:00 PM **Mode of Transportation:** drop off and pick on site
Date of Event (please check **all** events your child will be attending – if not checked and your child wants to attend later on, I can scan your permission slip to you to have you check it off):
 Saturday, November 5th – “Living Out the Theology of Your Body” with Father Mike Schmitz
 Saturday, December 3rd – Steve Angrisano in Concert
 Saturday, February 7th – “Here I Am, Send Me” with Archbishop Bernard Hebda
 Saturday, March 4th – “From Pro-Choice to Pro-Life” with Kalley Yanta
 Saturday, April 1st – “More Than A Feeling: Forming Your Catholic Conscience” with Bishop Andrew Cozzens
 Saturday, May 6th – “Be Filled with the Holy Spirit” with Father Jim Livingston
Cost of Event: event is free for students who attend with St. Therese Parish but please let Seyha know that you will be attending before 12:00 PM the Friday prior to the event to secure a spot.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsors. 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:

 Emergency Contact Name Relationship Phone Number

MEDICAL INFORMATION

Medication my child is taking at present _____
 Allergies _____
 Other Medical Conditions _____
 Insurance Company _____
 Family Health Plan carrier number _____
 Family Doctor _____ Phone 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 St. Therese Parish and the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the St. Therese Parish and the Archdiocese of St. Paul and 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 St. Therese Parish and the Archdiocese of St. Paul and Minneapolis in defense of such a claim/suit.

I agree to drop my child off at the departure location at least fifteen minutes prior to departure and to provide transportation home at my expense. 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 St. Therese Parish 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.

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

Signature _____ Date _____

PHOTO RELEASE

I, _____, give St. Therese Parish permission to post pictures of my child listed above in the bulletin/on the website/Instagram/Flickr/Facebook. I understand that only pictures taken at official Youth Ministry events will be posted.

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 St. Therese Parish, 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 at my expense.

Signature _____ Date _____

If your Child is taking Medications and will need to take these medication during the event: My child will bring all such medications necessary, and such medications will be in the originally marked bottles. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form.

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: St. Therese Parish 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: _____

You should be aware of these special medical conditions of my child: _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing St. Therese Parish in this event sponsored by NET Ministries.

Please read and sign.

I, _____, **WILL:**

Printed Name of Youth Participant

- treat all other persons with the respect and dignity that God has infused into each human person.
- not cause any intentional harm (physically, emotionally, mentally, or spiritually) to any person in any way on this event
- 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, parish leaders, chaperones, support staff, transportation personnel, NET Center staff, and administration
- be on time for all check-ins and departure times throughout the entire event
- not have in my possession any tobacco, alcohol or any controlled illegal substance

DRESS CODE

No inappropriate dress: You are expected to dress in a fashion that represents modesty and good taste, respecting one another and the Lord. No low cut tops, open backs, consistently visible bra straps, miniskirts, short shorts, leggings, yoga pants, or exercise tights. This includes all clothing which does not cover undergarments and midriffs, or which displays words, pictures, symbols, or images that are considered vulgar, obscene or otherwise improper at an event of this kind. I understand and agree to these expectations and that if any of these terms are violated, the St. Therese Parish can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Seyha Saumweber or Parish Office

Keep an eye on your email for more detailed information on each event as the dates draw closer! If your permission slip is not turned in by 12:00pm on the Friday before the event, your child will not be able to attend.