

**St. Patrick's Catholic Church—Edina, MN**  
**SPLASH - Junior High Summer Events**  
**PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name \_\_\_\_\_ Grade (09-10) \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_

Date of Event/Field Trip: Summer of 2010 (see box to right)

Type of Field Trip: Trips to water parks

Individual(s) in Charge: Johnny Davy

Transportation To & From Event : School Bus and/or Church Mini van

**\*\*\*Child must wear SPLASH T-Shirt to all events\*\*\***

**T-Shirt is free with package purchase. \$10 if bought separately.**

**Circle T-Shirt Size:**

YS YM YL S M L XL

**\*Initial the boxes\*** next to the events that you are granting your child permission to attend:

Cascade Bay—June 16—12:30pm-5:30pm—\$15

Bunker Beach—July 7—10:30am-3:30pm—\$16

Wild Mountain—August 11—9:30am-5pm—\$28

SPLASH Finale—August 26- 3pm-6:30pm—\$11

**Package price of \$55**

(if signed up by March 17th) (includes t-shirt)

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

to participate in the above named activities and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the St. Patrick's Church and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the St. Patrick's Church /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 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

**OPTIONAL 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.

**X** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\* I understand that it is my responsibility to keep St. Patrick's Church informed if any of this information changes over the course of the year 2010.