

THE CHURCH OF ST. PATRICK OF EDINA  
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**Option One: \$260** (\$210 if by 12/15) **Option Two: \$320** (\$270 if by 12/15) **Option Three: \$375** (\$325 if by 12/15)

Date/Type of Event: **St. Pat's Winter Weekend—Jan. 27– 30, 2012** Destination: **Lutsen Mountain Resort**

Individual(s) in Charge: **Nicole Stecklein** Student Cost if applicable: \_\_\_\_\_

Estimated Time of Departure & Return: **3:00pm 1/27—5:00pm 1/30** Mode of Transportation: **coach bus**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_

(Parent or guardian's name)

(Student'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 Church of St. Patrick and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/ 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. Patrick and the Archdiocese in defense of such a claim/law suit.

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

contact: \_\_\_\_\_

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present: \_\_\_\_\_

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_

(Date)

I would like to room with: \_\_\_\_\_

**All Registrations are due Friday, January 13th— SPACE IS LIMITED!**  
**This trip is limited to 40 people so turn in your form ASAP to guarantee your spot!**