

# SKI TRIP PERMISSION FORM

## PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name(s) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Date/Type of Event: St. Patricks Ski Trip on Saturday, March 2, 2013

Destination: Mount Kato Ski Resort

Individual(s) in Charge: Laura Drentlaw

Estimated Time of Departure and Return: 2:15-11:00 PM

Mode of Transportation to/from event: Bus

Cost: Depends on Ski/Snowboard Rental and Lessons

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian's name Child'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 parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/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 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 the event of an 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.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Multiple children in the same family may be put on one form if there are no medical or health issues. Return this form with checks payable to St. Patrick, Shieldsville on or before Sunday, February 24, 2013**