

**STFX Day Trip Permission Form
Parental consent & Indemnity Agreement**

Student/Participant Name _____

Date of Birth _____ Gender _____ Parent Email Address _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell/Work Phone _____

Destination Sharing and Caring Hands

Type of Event February ACTIVE Mode of Transportation to & from Event: Chaperone Vehicles

Drivers are needed: Are you able to be a driver? Yes No Number of passengers _____

Date(s) of Event/Field Trip _____ Individual (s) in Charge Debbie Gladitsch

Time and Place of Departure 9:30 am Education Center

Time and Place of Return/Pickup 2:30 pm Education Center

Student cost (if applicable) \$7.00

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 parish/school and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of Saint 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 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 /Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

Code of Conduct

The following are a few rules that all participants are expected to follow while participating and representing

St. Francis Xavier Catholic Church

February ACTIVE

Date: Sat. Feb 18th

9:30 to 2:30p

Please read and sign!

I, _____, will:

Printed name of Youth Participant

- † Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- † Respect the property of others, including all program facilities and property.
- † Follow all appropriate instructions of all personnel and administration.
- † Be on time for all check-in and departure times.
- † Not have in my possession any tobacco, alcohol, or any controlled illegal substance.

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Debbie Gladitsch

No later than: Wed, Feb. 15th

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18, if deemed necessary for overnight events or other activities requiring responsible behavior.