

Catholic Heart Work Camp 2012 – Detroit Lakes, MN
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR PARTICIPANT



Student/Participant Name: _____

Date of Birth: ___/___/___ Sex: M / F Grade in School (2011-12): _____ Email: _____

T-shirt size (adult size): _____ Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work/Cell Phone : _____

Date of Event/Field Trip: July 22nd – 28th 2012

Destination: **Detroit Lakes, Minn.**

Individual(s)/Teacher(s) in Charge: **Debbie Gladitsch**

Time of Departure: Sunday, July 22nd after 9am Mass.

Estimated Time of Return: Saturday, July 28th approx: 1pm

Mode of Transportation To & From Event: **Chaperon vehicles**

Cost for event: **\$395 - includes food, lodging, and transportation**

Deposit of \$75 to hold your spot due upon registration

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. Francis Xavier Church from any claims or law suits brought against the St. Francis Xavier Church 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. Francis Xavier Church in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of St. Francis Xavier Church.

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/Relation

Emergency Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

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: _____

Over →

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. Francis Xavier Church, 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 collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. 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. (Which can be found on the Parish Website)

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. Francis Xavier Church 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: _____

Any special medical conditions? _____

WILL YOU HELP MAKE THIS EVENT POSSIBLE?-- YOU ARE NEEDED AS A CHAPERON!

_____ T-shirt size for chaperon: _____
Chaperon Name/Number

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing St. Francis Xavier Church in this event sponsored by St. Francis Xavier Church through July 22nd to 28th, 2012.

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 aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, St. Francis Xavier Church can send the participant home at the participant/guardian's expense.

Youth Participant Signature Date

Parent/Guardian Signature Date

Please return this form to the Youth Ministry Office by: December 14th, 2011 with your \$75 deposit.