

**St. Bridget /Diocese of Superior Permission Form for Minors with Indemnity Agreement and Emergency Contacts**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F M Grade \_\_\_\_

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

**Student Email:** \_\_\_\_\_

*(If applicable)*

**Student Cell #:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

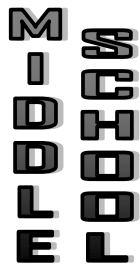
**Parent Phone numbers: Cell :** \_\_\_\_\_

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

**Parent Name:** \_\_\_\_\_

**Parent Phone numbers: Cell :** \_\_\_\_\_

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



**Event Run by:** Amy Burns—Youth Minister and Adult Volunteers

**Location:** On the grounds of St. Bridget Church

**Dates** Sun Oct 28, 2018; Sun Nov25, 2018; \*Sun Dec 23, 2018; Sun Jan 27, 2019; \*Sun March 24, 2019; Sun April 28, 2019; Sun May 26, 2019

**Time:** 2:00p.m. to 3:30p.m.

**Allergies -Food:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**EMERGENCY Contact:** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Child’s primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health system & location: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child’s participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

I understand that if my son/daughter has displayed disrespectful behavior (actions determined by youth minister and/or adult leaders) towards peers, youth minister, leaders, or themselves that I will be called and must make arrangement for my son/daughter to be picked up from the event immediately.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**St. Bridget /Diocese of Superior Permission Form for Minors with Indemnity Agreement and Emergency Contacts**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: F M Grade \_\_\_\_

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

**Student Email:** \_\_\_\_\_

*(If applicable)*

**Student Cell #:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Phone numbers: Cell :** \_\_\_\_\_

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

**Parent Name:** \_\_\_\_\_

**Parent Phone numbers: Cell :** \_\_\_\_\_

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



**Event Run by:** Amy Burns—Youth Minister and Adult Volunteers

**Location:** On the grounds of St. Bridget Church

**Dates:** Sun Oct 07 & 21, 2018; Sun Nov 04 & 18, 2018; Dec 02 & 16, 2018; Feb 03 & 24, 2019; March 03 & 17, 2019; April 07 & 28, 2019; May 05 & 19, 2019

**Time:** 6:30p.m. to 8:30p.m.

**Allergies -Food:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**EMERGENCY Contact:** Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health system & location: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

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**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form will only need to be filled out once and I will keep it on file for the 2018-19 school year.**