

IMPORTANT!! 2 FORMS are necessary to completely register for the **Steubenville St. Louis YC**. After filling out this form, please go to www.hnoj.org/lifeteen/steubenville and click on **2nd Registration** for detailed instructions. The 2nd form is to be filled out online and then submitted to HNOJ. Please make sure to include BOTH forms with your registration. If you have any concerns don't hesitate to call or email Chris. 763.745.3489 ~ ckostelc@hnoj.org

Steubenville St. Louis YC 08 TEEN REGISTRATION

HOLY NAME OF JESUS

155 County Road 24

Wayzata, MN 55391

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____
Birth Date: _____ Male _____ Female _____ Grade in School: _____
Parent/Guardian's Name: _____
Home Address: _____ City: _____ Zip: _____
Telephone: (H) _____ Business phone and/or Cell: _____

Type/Date of event: Steubenville St. Louis/Mid-America YC July 10th-15th, 2008

Individual(s) in charge: Chris Kostelc

Transportation: Coach Bus

Drop Off: 8:30 pm Thursday July 10th Pick Up: 6:30 am Tuesday July 15th

Cost of event: \$50 Deposit (Total TBD – approximately \$275-\$325)

Due: After April 15th \$15 late fee assessed. Absolute Due Date April 25th or until spots are available.

I, _____, grant permission for _____
Parent or guardian's name Participant'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.

I also hereby waive and release the named church and the Archdiocese of St. Paul/Minneapolis from all claims and liability arising from any acts or omissions by the church, Archdiocese or their agents with regard to any injuries or damages incurred by my child during the ordinary course of the event/activity. This release and waiver shall not apply to claims that may arise from intentional acts.

Should photos or video be taken, I give my permission for the use of the image and/or likeness of my child in any promotional or other marketing activities relating to the event/activity or our parish Youth Ministry without compensation to me or my child.

*If you do not want your child's image and/or likeness to be used to promote parish youth ministry events, contact the above stated individual in charge to receive a version of this form that does not include the previous clause; however, some events/ activities may require this clause.

EMERGENCY MEDICAL TREATMENT: In the event of any 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 No. T-Shirt size _____

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____

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

Signature: _____ Date: _____