

2018 Catechism Study 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: _____ School: _____

Parent/Guardian Name(s): _____

Home Address: _____ City: _____ Zipcode: _____

Telephone: (H) _____ Business/Cell: _____

Parent E-mail: _____ Teen E-mail: _____

T-Shirt Size (Please check size) : XS S M L XL XXL

Type/Date of event: Summer Catechism Study – July 10, 12, 17, 19, August 7 8:00am-10:00am

Individual(s) in charge: Kory LaCroix - (763) 229-5159, klacroix@hnoj.org

Transportation: None

Start Time: 8:00am (HNOJ)

End Time: 10:00am (HNOJ)

Cost of Class: \$25

All Registrations Due: July 10, 2018.

I, _____, grant permission for _____
(Parent or Guardian's Name) (Participant's Name)

To participate in the above name activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Holy Name of Jesus 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 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:**

_____ at _____
(Name) (Phone Number)

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: _____

Cash/Check/Charge	VS/MC/AE	Date: _____	Paid: _____	#: _____
Name & Address: _____				
Card #:	_____	Exp: _____	Code: _____	_____
Signature if paying by card: _____				