

2019 Psalm 78 PARTICIPANT 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: _____
Home Phone: _____ Parent Cell/Office: _____
Parent E-mail: _____
T-Shirt Size (Please check size): XS S M L XL XXL

Type/Date of event: Psalm 78 Retreat | Friday, October 25 — Sunday October 27

Individual(s) in charge: Elliut Fonseca | efonseca@hnoj.org | 763.746.8195

Drop Off: 7:00pm, Oct 25, 2016 | **Pick Up:** 3:30pm, Oct 27 2016

Event Location: Holy Name of Jesus

Cost of Event: \$80 before Oct. 9th \$90 after Oct. 10 Scholarships available.

All Registrations Due: October 21, 2019—Refunds cannot be given after this date

Friends I want to be grouped with:

Names: _____

(At least one friend will be in your group)

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: _____

For Office Use Only: Cash/Check/Charge VS/MC/AE Date: _____ Paid: _____ #: _____
Name & Address: _____
Card #: _____ Exp: _____ Code: _____