Venture Youth Ministry

Christ the King & St. Thomas the Apostle

Off-site Youth Activity Parental/Guardian Consent Form and Indemnity Agreement

Participant's Name: _____ Grade: ____ School: _____

Birth Date: _____ Sex: M F Parish: STA CTK Other: _____

Parent/Guardian's Name(s): _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Other: _____

Family Email Address: _____

Event Name: _____

Where: _____ Time & Date(s): _____

Transportation: _____ Who's in Charge: _____

Student Cost: _____

I, _____, grant permission for _____,
parent or guardian's name child'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 churches of Christ the King and St. Thomas the Apostle and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parishes/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 parishes/Archdiocese in defense of such a claim/lawsuit.

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:

_____ _____ _____
Name Relationship Phone #

OPTIONAL MEDICAL INFORMATION: Concerns we should be aware of: _____

_____

Family Health Plan & Carrier #:_____ Family Doctor:_____ Phone #:_____

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

Signature: _____ Date: _____

***I'm interested in fundraising for this activity** _____
***I'm interested in a scholarship for this activity**_____

In order to participate in this youth event/activity, all participants are expected to abide by the Venture Youth Ministry Code of Conduct. These expectations will be read or highlighted before we depart for the activity. Youth participants and parent/guardians agree to support these expectations and will be held responsible for them. Please contact the Director of Youth Ministry at 920-5030 (ext. 28) for a copy of the Venture Youth Ministry Code of Conduct.

PLEASE RETURN THIS FORM AND APPLICABLE PAYMENT BEFORE THE REGISTRATION DEADLINE TO EITHER PARISH OFFICE, CTK/STA SCHOOL SOUTH CAMPUS OFFICE OR SEND BOTH TO: