

NET Lifeline Teen Mass Permission Form – 2018-2019

Church of St. Raphael – Crystal, MN PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name: _____

Date of Birth: ____/____/____ Sex: M / F Grade in School (18-19) 8 9 10 11 12

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Event: Oct. 6, 2018 / Nov. 3, 2018 / Dec. 1, 2018 / Jan. 5, 2019 / Feb. 2, 2019 / Mar. 2, 2019 / Apr. 6, 2019 / May 4, 2019
(NOVEMBER & DECEMBER ARE TICKETED EVENTS - \$10 FOR A TICKET)

Type of Field Trip: NET Life Line Mass & Youth Program (Bring \$\$\$ for dinner)

Destination: NET Center – Crusader Ave. West St. Paul MN

Individual(s) in Charge: Anna Scherber Mode of Transportation to and from Event: Bus / Carpool

Drop-off Time: 3:30 PM at St. Raphael's Pick-up Time: 10:30 PM at St. Raphael's

I, _____, grant permission for _____
Parent or Guardian Name Child 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 *Church of St. Raphael, other participating parishes, and the Archdiocese of St. Paul & Minneapolis* from any claims or law suits brought against the *Church of St. Raphael, other participating parishes, and the 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 *Church of St. Raphael, other participating parishes, and the Archdiocese* in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of *Church of St. Raphael or other participating parishes*.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name

Emergency Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Church of St. Raphael* in this event sponsored by *Church of St. Raphael* on the following dates:

Oct. 6, 2018 / Nov. 3, 2018 / Dec. 1, 2018 / Jan. 5, 2019 / Feb. 2, 2019 / Mar. 2, 2019 / Apr. 6, 2019 / May 4, 2019

Please read and sign.

I, _____, **WILL:**
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, *Church of St. Raphael* can send the participant home at the participant/guardian's expense.

_____ Youth Participant Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date

**Please return this form to the
St. Raphael Youth Ministry Office
7301 Bass Lake Road
Crystal, MN 55428**