Grades 6-8 Youth Group
2023-2024 FRIDAY FUN NIGHTS

PARENTAL/GUARDIAN CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name ____

Date of Birth ______________________________ Gender _____________________________

Parent/Guardian Name(s) ____

Home Address ____

Home Phone ______________________________ Business/Cell Phone _______________________

Place of Event: **St. Gregory the Great Catholic Church**

Dates of Events:

☐**November 3, 2023** **(Revised date)**

☐**January 12, 2024**

☐**March 8, 2024**

☐**May 10, 2024**

******Please check the date(s) your child will be attending and return this form to the Faith Formation office at least 1 week prior to the first date of attendance. The form will be kept on file.******

Time: **6:00 p.m. – 9:30 p.m.**

Cost (if applicable): **Request for donations on occasion**

Individual in Charge: **Liz Long**

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 St. Gregory the Great Catholic Church and the Archdiocese of Saint Paul and Minneapolis from any claims or lawsuits brought against the St. Gregory the Great Catholic Church/Archdiocese of Saint Paul and 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 the Archdiocese in defense of such a claim/suit.

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 Phone Number

OVER

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present ____

Allergies ____

Other Medical Conditions ____

Family Health Plan carrier number ____

Family Doctor _________________________________ Phone Number _________________

Please notify the Faith Formation office of any change in medical history throughout the event year of the participant. Updates should be noted on this form.

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

____ _____________________________
Signature Date

*P.O. Box 609 * 38725 Forest Boulevard * North Branch, MN 55056-0609*
*Tel: 651.674.4056 * www.stgregorynb.org*