

7th – 8th Grade Dodgeball Tournament 2018

PARENT / GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant Name: _____ DOB: _____ Grade ____ Teacher _____

Parent/Guardian (1): _____ cell _____

Parent/Guardian (2): _____ cell _____

Home Address: _____

Email: _____

Destination of Event: School Gym

Individual in Charge: Sue White

Time: Fridays 2:00PM-3:30PM

Dates: January 19th and 26th, February 2nd (if needed, February 9th)

Transportation: Parents are responsible for transportation home

Cost of Event: **FREE** Students are to wear clothes appropriate for gym.

I, _____, grant permission for _____
PRINT Parent or Guardian's First and Last Name PRINT 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 parish/school 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 parish/school and Archdiocese in defense of such a claim/lawsuit. Conditions of participation are that every student agrees to abide by the rules governing this activity and to cooperate with the coach/teacher/chaperone. Every effort will be made to insure proper safety conditions and supervision, but neither the school or the chaperones will accept legal responsibility for accidents or injuries. If you agree to permit your son/daughter to participate in this activity with this understanding, please indicate below.

Medication my child is taking at present: _____
Allergies: _____

In the event of an emergency, and you are unable to reach me at the above numbers, contact:

(Name) Phone No.

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

Parent or Guardian's Signature Date

Please return this form to school by January 17, 2018