



St. Vincent de Paul
Royal Kids Summer Program
9100 93rd Ave N
Brooklyn Park, MN 55445

MEET UP CONSENT

PARENT / GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant Name _____

Grade in Fall of 2018: _____ Meet Up Date: _____

Parent/Guardian: _____

Best Telephone Numbers to Reach You Between 7:00AM and 5:45PM

1) _____ 2) _____

FIELD TRIP DAYS: Destination: Varies / Transportation: Bus / Time: 8:45AM – 3:30 PM / Cost: \$35.00 / Individual In Charge: Cindy Pikovsky

NON FIELD TRIP DAYS: All Activities Take Place on SVDP School Grounds / Time: 8:45AM – 3:30PM / Cost: \$25.00 / Individual In Charge: After School Program Staff

I WILL DROP MY CHILD OFF AT _____ AND PICK UP AT _____

(an additional \$5.00 charge for morning or afternoon only or \$10.00 for both morning and afternoon will apply)

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