

Senior High Lock In



Welcome to Australia, Mate!

January 27 at 8:30PM starting in the Youth Center

**Pizza, candy, pop, laser tag, game shows, music, prayer,
video games, movies, mayhem, and more.**

FIELD TRIP - PARENT/ GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Student/Participant Name: _____

Birthdate: _____ Sex: _____ Grade Level: _____

Destination: (Place & Address) Senior High Lock In at The Church of St Patrick, Youth Center, Emerald Hall, and Shamrock Hall

Date of Field Trip: January 27/28, 2012 Estimated Time: 8:30PM – 8:30AM

Individual(s) In Charge/Contact Person: Steve Richter

Type/Purpose of this trip: Fun and Spirituality, including indoor games, movies, laser tag, food, video games, Mass, and breakfast.

Transportation being used: Youth will not be leaving the site at any time.

Cost: \$ 20.00

Special Instructions for this trip: Please bring indoor clothes, sleeping attire, sleeping bag and pillow, toiletries.

I, _____, grant permission for _____
(Parent/Guardian’s Name – please print) (Child’s Name – please print)

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 Patrick and the Archdiocese of St. Paul/Mpls from any claims or lawsuits brought against the Church of St Patrick and the Archdiocese of St. Paul/Mpls, 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 Patrick and the Archdiocese in defense of such a claim/lawsuit.

By checking this box and initialing below, I confirm that I have filled out a 2011 – 2012 Universal Medical Form and it is on file, and that none of its contents have changed. If any of the information has changed, I acknowledge that it is my responsibility to update this information with the Church of St Patrick at the time of the change.

_____ (Please initial that the above statement is true.)

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

(Signature) _____

(Date) _____

FOR POSSIBLE CHAPERONES

_____ Yes, I can help chaperone (I have completed Volunteer Background Check)