

**Registration/Permission Form
Parent/Legal Guardian Agreement
St. Joseph + St. Mary Christian Formation Offices**

PLEASE PRINT:

CHILD/WARD: _____ **GRADE:** _____

HIGH SCHOOL: _____ **PARISH:** _____

-Or- I am a guest of _____ **from** _____ **Parish.**

PARISH/SCHOOL: St. Joseph + St. Mary's Visitation Parishes

DESIGNATED SUPERVISOR OF ACTIVITY: Matt Bruce, Director of Youth Ministry

ACTIVITY: Shine Catholic Work Camp in **Memphis, Tennessee**

DATE AND TIME OF ACTIVITY: Sunday, June 15th – Saturday, June 21st, 2008

METHOD OF TRANSPORTATION: Coach Bus

STUDENT COST (IF APPLICABLE): \$700.00 (\$725.00 out of parish), Due by Thursday May 22, 2008

I consent to the participation of my CHILD/WARD in the above name ACTIVITY. In consideration for my CHILD/WARD'S participation, **I agree** to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH/SCHOOL to clarify any concerns of questions about the ACTIVITY or this agreement that I may have had. **I also agree** that I will review with my CHILD/WARD the importance of abiding by the signed code of conduct (most importantly, in regards to tobacco/alcohol/drugs and sexual misconduct being prohibited from the retreat).

Picture release: I agree my CHILD/WARD may be photographed for program purposes while participating with the St. Joseph + St. Mary Youth Ministry and such photos may be used in promotional publications or posted on the Parish Website.

Parent/Legal Guardian Signature

Date

Address

City

State

Zip

Home #

Work #

Cell #

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

Name _____ **Phone #** _____

PLEASE FURNISH MEDICAL INFORMATION about your CHILD/WARD which may be pertinent to his or her participation in the above identified ACTIVITY: _____

→ RETURN THIS FORM TO EITHER PARISH OFFICE BY: November 25, 2008! ←