

Get Locked-In To LEADERSHIP

Friday, November 11, 2011

5:30-10:30PM at Immaculate Conception Parish, Saukville

**Join Middle School Students (6th, 7th & 8th graders)
from around the area for this fun evening of...**

**BRING A
LOCK OR
KEY & WIN
A PRIZE**



**FOOD, FELLOWSHIP, FUN,
GAMES & PRIZES**

Bring Your Friends.

COST: \$10.00
*Registration
Required.*

PARENT/LEGAL GUARDIAN PERMISSION AND INDEMNITY AGREEMENT

Name of Son/Daughter/Ward _____

Parish/School: _____ Grade _____

Designated Supervisors of Activity: Youth Ministers of Catholic Parishes of District 10

Activity: Get Locked-In to Leadership Middle School Lock-in at Immaculate Conception Parish, Saukville

Date(s) and Time of Activity: Friday, November 11, 2011 5:30-10:30 p.m.
(High School Peer Leaders arrive 4:30PM)

Method of Transportation: Personal Transportation

Student Cost (If Applicable): \$10.00

Registration Deadline: November 7, 2011

I consent to the participation of my SON/DAUGHTER/WARD in the above named ACTIVITY.

In consideration for my SON/DAUGHTER/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 SON/DAUGHTER/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 SON/DAUGHTER/WARD, this paragraph will not apply.

(OVER)

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my SON/DAUGHTER/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.

PARENT/GUARDIAN'S NAME(S): _____

HOME ADDRESS: _____

EMAIL: _____

HOME PHONE: (____) _____ OTHER PHONE (____) _____

Signature _____ Date _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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 & RELATIONSHIP: _____ PHONE: (____) _____

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity: _____

PLEASE RETURN THIS COPY BY:

November 7, 2011

Youth Ministry Office Copy