NET Retreat-Grades 6-8
"Made To Be"

Saturday, February, 25, 2012 at St. Francis Borgia Parish
Parent/Legal Guardian Permission Slip & Indemnity Agreement

Child / Ward: _____
Parish / School: St. Francis Borgia Parish, Cedarburg WI
Designated Supervisor of Activity: Maria Spenner and designated adults
Activity: National Evangelization Team Youth Retreat
Date(s) and time of activity: Saturday, February 25, 2012 1:00pm-4:45pm followed by Mass **Register by 2-15-12**
Method of transportation: n/a
Registration Fee: **$15.00** includes snack (Check payable to St. Francis Borgia Parish)

I consent to the participation of my child/ward in the above names ACTIVITY. In consideration for my child/ward's participation, I agree to reimburse and indemnify the PARISH (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by the PARISH in defending a lawsuit that I or my child/ward may bring against the PARISH which relates to the above named ACTIVITY if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH 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 to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

_____ _____
Parent / Legal Guarding Signature Date

_____ _____ / _____
Address Home phone / Cell phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child 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 Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity. Include any medications and dosage pertinent to your child/ward: _____

Return to: St. Francis Borgia Youth Ministry Office, 1375 Covered Bridge Rd, Cedarburg, WI
Registration Deadline: Wednesday, February 15, 2012