

TYME OUT Youth Center

W332 N6786 County Road C

Nashotah, WI 53058

Phone 262-966-1800

Parent/Legal Guardian Permission and Indemnity Agreement

Name of Son/Daughter/Ward: _____

Parish/School: St. Francis Borgia Supervisor of Activity: Maria Spenner

Activity: Confirmation Retreat Method of Transportation: Bus Retreat Fee: **\$110.00**

Date/Time: Please check your first choice:

___ Saturday, February 18-Sunday, February 19, 2012 Depart by bus from SFB 3:30PM

___ Saturday, March 3-Sunday, March 4, 2012 Return to SFB for attendance at 6PM Mass

Registration Deadline: **Form and Fee due on January 16, 2012** in order to participate in SFB Retreat. Late registrations must individually register for a make-up retreat at TYME OUT Youth Center.

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 TYME OUT Youth Center and the Parish/School (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by TYME OUT or the Parish/School in defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against TYME OUT or the Parish/School, which relates to the above named activity if TYME OUT or the Parish/School is found not legally liable by the courts and prevails in the lawsuit. If TYME OUT Youth Center or the Parish/School is found legally liable for injuries sustained by son/daughter/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 SON/DAUGHTER/WARD will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the TYME OUT Youth Center or the Parish/School to clarify any concerns or questions about the activity or this agreement that I may have.

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____

Home Phone: _____ Other phone: _____

Signature: _____ Date: _____

Photo Release

I hereby give my permission to the TYME OUT Youth Center for photographs that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Signature of Parent/Legal Guardian _____ Date: _____

(The other side of this form must be filled out and signed.)

MEDICAL RELEASE FORM

PARTICIPANTS NAME _____ BIRTH DATE _____ SEX : M F
FAMILY DOCTOR _____ PHONE (____) _____
Family Health Plan Carrier _____ Policy Number _____

MEDICAL MATTERS:

I hereby warrant, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. OF THE FOLLOWING STATEMENTS (pertaining to medical matters) SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES.

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 farther treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:
NAME & RELATIONSHIP: _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____
Signature _____ Date _____

OTHER MEDICAL TREATMENT

In the event it comes to the attention of the DESIGNATED SUPERVISOR or staff that my SON/DAUGHTER/WARD becomes ill with symptoms of headache, vomiting, sore throat, fever, or diarrhea, I DO want to be called collect (with phone charges reversed to myself if necessary)
Signature _____ Date _____

MEDICATIONS

My SON/DAUGHTER/WARD is taking medications at present and will bring all such medications necessary, and such medications will be well-labeled. I give permission for my SON/DAUGHTER/WARD to take this medication on his/her own. The dosage and frequency of dosage is as follows:

Signature _____ Date _____

If requested, I DO give permission for my SON/DAUGHTER/WARD to be given the following (please circle)
Aspirin Benedryl Midol Ibuprofen Pepto Bismo Cough Drops
Tums Aspircream Sudafed Primatene Mist Tylenol Other _____
Signature _____ Date _____

NO MEDICATION OF ANY TYPE

No medication of any type, whether prescription or nonprescription, may be administered to my SON/DAUGHTER/WARD unless the situation is life threatening and emergency treatment is required.
Signature _____ Date _____

SPECIAL MEDICAL INFORMATION

The parish/school will take reasonable care to see that the following information will be held in confidence.
Allergic Reactions (medicine, food, plants, insects, etc.): _____
Immunizations: Date of last tetanus/diphtheria immunization: _____
Does child have a medically prescribed diet? _____
Any physical limitations? _____
Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to a contagious disease (ex. Mumps, measles, chicken pox, etc.) If so, please list date and disease _____
You should be aware to these special medical conditions of my child _____