

# St. Michael's Catholic Church Permission Form

Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade (Fall 08) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ T-Shirt Size(adult) \_\_\_\_\_

## Summer Stretch

**June 18, July 9th, July 16th, July 23, July 30, August 6 (Valley Fair)**

My teen will be attending all dates \_\_\_\_\_ YES \_\_\_\_\_ NO

Dates my teen WILL NOT be attending \_\_\_\_\_

## WE NEED DRIVERS AND CHAPERONES!!

Dates I can be a morning driver to the service sites (8:30am – Noon) I can take \_\_\_\_\_ kids.

Please check one **June 18** \_\_\_ **July 9** \_\_\_ **July 16** \_\_\_ **July 23** \_\_\_ **July 30** \_\_\_

Dates I can be an afternoon chaperone/ driver for the social events (12:30pm – 4:30pm). I can take \_\_\_\_\_ Kids

Please check one **June 18** \_\_\_ **July 9** \_\_\_ **July 16** \_\_\_ **July 23** \_\_\_ **July 30** \_\_\_

I would like to be a chaperone for the all day Valley Fair Trip on August 6 \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone # \_\_\_\_\_

## Important Medical Information

Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Medical Concerns \_\_\_\_\_

Medications/Allergies, etc.

### For Office Use Only

Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

### AUTHORIZATION MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND THE STUDENT!!

My son/daughter has permission to participate in the St. Michael event. I understand such an event does involve some element of risk incidental to such participation, and I do release and hold harmless the Archdiocese of St. Paul/Minneapolis, St. Michael Catholic Church, their employees, chaperones, leaders, drivers or any other organization involved. Neither the Archdiocese, St. Michael's Catholic Church, nor any said persons shall be held financially responsible for any injury, illness, or death incurred as a direct or indirect result of this activity. I understand there is no medical insurance provided by the Parish or the Archdiocese. In the event of an emergency, I hereby authorize emergency treatment to be administered.

I also authorize any pictures taken at the event to be used on the St. Michael webpage and other promotional materials.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to participate in this event and follow the guidelines set by the leaders.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send your \$105 check made out to St. Michael's along with this form no later than May 22<sup>nd</sup>. Friends are welcome with signed permission form and payment!!**

**Hurry!! Space is limited!!**

Questions-contact Cari at 651-463-3360 or e-mail at [cwhite@stmichael-farmington.org](mailto:cwhite@stmichael-farmington.org)