

FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
Return Form by Feb. 3, 2017 - fill out both sides

Student/Participant Name _____
Date of Birth _____ Sex _____
Parent/Guardian Name _____
Home Address _____
Home Phone _____ Business Phone _____
Date of Event/Field Trip Sunday, February 12, 2017 - will include Sunday Mass at 10:30 am
Type of Field Trip HCAFC Rel Ed Confirmation Retreat (includes lunch and snacks)
Destination St. John the Baptist Catholic Church, Searles
Individual(s)/Teachers(s) in Charge Matthew Edens, Mrs. Julie Soehren & volunteers
Arrival Time 10:00 am Departure time 5:30 pm
Mode of Transportation to & from Event On your own
Student Cost (if applicable) \$20.00 make checks payable to Holy Cross AFC

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Diocese of New Ulm from any claims or law suits brought against the parish/school/Diocese of New Ulm by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

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

Name _____ Phone # _____

OTHER MEDICAL INFORMATION

Medication my child is taking at present: _____

Allergies _____

Family Health Plan carrier number _____

Family Doctor _____ Phone # _____

As a Parent or Guardian, I agree to all of the above stated considerations and conditions:

Signature Date

**DIOCESE OF NEW ULM
MINOR CODE OF BEHAVIOR AGREEMENT**

__Holy Cross Area Faith Community February Confirmation Retreat__

I will show respect to all persons I meet.

I will not use any alcohol or illegal drugs.

I will attend all scheduled sessions of this event on time.

I will abide by all rules and regulations determined by those who own the property and those who sponsor the event.

I will not smoke or use any tobacco products.

I will not bring my cell phone with or I will surrender it to Mrs. Soehren until the end of the Retreat.

Youth Agreement:

I have read the Code of Behavior expected of me during this event and I agree to fulfill these responsibilities. I realize that I am representing my family, my church, and the group with whom I am attending this event. My behavior will be respectful of all people and of myself.

Signature of Minor

Date

Parent Agreement:

I/We have reviewed the rules of behavior for this event and agree that, if our child, _____, has to return home early for discipline violations, it will be at my/our expense.

_____ I/We consent or _____ I/We DO NOT consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproductions that may be taken of our child, _____, during the activity/event to be used, distributed, or shown as the Holy Cross Area Faith Community sees fit.

Signature of Parent/Guardian

Date

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