

St. Bartholomew Permission Form

Name _____ Male/Female _____ Grade (Fall 2010) _____

Parent/Guardian _____ Address _____

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

Summer Stretch

June 30, July 7, July 14, July 21, July 28, August 4 (Valleyfair)

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 (7:45am – Noon)

Please check one **June 30** ___ **July 7** ___ **July 14** ___ **July 21** ___ **July 28** ___ **Aug 4** ___

Dates I can be an afternoon chaperone for the social events (12:30pm – 4:30pm)

Please check one **June 30** ___ **July 7** ___ **July 14** ___ **July 21** ___ **July 28** ___ **Aug 4** ___

I would like to be a chaperone for the all day Valleyfair Trip on August 4 _____

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

Important Medical Information

For Office Use Only

Paid: _____

Check #: _____

Date: _____

Medical Insurance _____

Policy Number _____

Medical Concerns _____

Medications/Allergies, etc.

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

My son/daughter has permission to participate in the St. Bartholomew 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. Bartholomew, their employees, chaperones, leaders, drivers or any other organization involved. Neither the Archdiocese, St. Bartholomew 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. Vincent de Paul webpage and other publications.

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 \$120 check made out to St. Bartholomew along with this form no later than May 21st. Friends are welcome with signed permission form and payment!!

Hurry!! Space is limited!!

Questions-contact Gabbie at 952.473.6601 or email at youthministry@st-barts.org