

Junior High Youth Game Night
Friday, October 28th 2022, 7-10PM

Participant's name: _____
Birth date: _____ Gender: _____ Grade: _____ Youth Cell Phone: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____
Cell Phone: _____ Other Emergency Phone: _____
I, _____ grant permission for my youth, _____
(Parent or guardian's name) (Youth's name)

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish volunteers from: _____ (Church name)

A brief description of the activity follows:

- Type of Event: Junior High Game Night
- Date of Event: Friday, October 28th, 2022
- Cost of Event: Free
- Destination of event: Hellermann Acres (31969 Co Rd 175, Melrose, 56352)
- Parish Leader & Contact Info: Cindy Hemmesch- 320-293-4670, Cheryl Hellermann- 320-248-6268
- Coordinated by: St. Mary's Youth Ministry
- Estimated time of event: 7:00PM-10:00PM
- Mode of transportation to and from event: parent/participant responsibility, we encourage families to carpool!

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the _____ its officers, directors, employees and agents, and the _____
(Church Name)

Diocese of St. Cloud, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my youth attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of St. Cloud, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish, school or diocese.

Print Name: _____ Date: _____
Signature: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:
Name & relationship: _____ Phone: _____
Signature: _____ Date: _____

Specific Medical Information: The parish will take care to see that this information will be held in confidence.
Allergic reactions (medications, foods, plants, insects, etc.): _____
Does child have a medically prescribed diet? _____
Any physical limitations or medical conditions? _____

Photos may be taken during this event. If you DO NOT WANT photos of your child to be used for promotional purposes, please let Cindy Hemmesch or Cheryl Hellermann know (phone numbers above) in writing.