



**PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR
Extreme Faith Camp**

Name: _____ T-shirt size _____

Date of Birth: ___/___/___ Sex: M / F Current grade (2017-18): _____ (Current 6-8 Graders Eligible)

Parent/Guardian Name: _____ Home Address: _____

Email: _____

Best Phone: _____ Text messages ok Y or N (please circle one)

Event: Extreme Faith Weekend Date: Feb. 1-3rd (4pm Feb. 1 - 9pm Feb. 3rd)

Place: The Wilderness – WI Dells

Transport: School Bus To and From

Drop off **Church of St. Peter Thursday Feb. 1st 4pm (Parking Lot- in Circle)**

Pick up **Church of St. Peter Saturday Feb. 3rd 9pm (Parking Lot- in Circle)**

Cost: \$100 for the whole thing

(\$100 Fee with Registration form due Dec. 22nd)

(No refunds will be given after Jan. 1st, 2018)

Person(s) in Charge: **Andy Wagenbach**

Will you Help make this event possible? ---You are needed as a Chaperone

Name _____ T-Shirt Size _____

I, _____, grant permission for _____
Parent or Guardian Name Teen 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 **Church of St. Peter, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** from any claims or law suits brought against the **Church of St. Peter, all Churches participating, and the Archdiocese of St. Paul & Minneapolis** 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 **Church of St. Peter, all Churches participating, and the Archdiocese** in defense of such a claim/suit. Should photos or video be taken, I give my permission for the use of my child's image and /or likeness in any promotional or other marketing activities relating to the youth ministry programs of **Church of St. Peter and all Churches participating.**

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/Relation

Emergency Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my teen is taking at present: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone Number: _____

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

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my teen is in good health, and I assume all responsibility for the health of my teen. (*Of the following statements pertaining to medical matters, sign only those that are applicable.*)

Medical Treatment: In the event it comes to the attention of *Church of St. Peter* or any of the other Churches participating, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, chaperons, or representatives associated with the activity that my teen becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My teen is taking medication at present. My teen will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the teen takes such medications, including dosage and frequency of dosage, are indicated on attached Prescription Drug & Medical Authorization Form. (Which can be found on the Parish Website)

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my teen, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: *Church of St. Peter* and all Churches participating, will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations-Date of last tetanus/diphtheria immunization: _____

Does teen have a medically prescribed diet? _____

Any physical limitations? _____

Has teen recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

Any special medical conditions? _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing *Church of St. Peter* and all Churches participating, in this event sponsored by *Church of St. Peter*, all Churches participating.

Please read and sign.

I, _____, WILL:
Printed Name of Teen

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and timing responsibilities.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, *St. Peters* can send the participant home at the participant/guardian's expense.

Teen Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Please return this form to the Parish Office by: Dec. 22nd with \$100 to guarantee your spot.
Contact Andy with any questions awagenbach@stpetersnsp.org or 715-495-7715**