

Middle School Day of Mission **-SHINE-** Youth in grades 6-8 (2018-19)

Wednesday August 15, 2018

Participant Name \_\_\_\_\_ Grade (2018-19) 6 7 8 Male / Female

Address \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_ Primary Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Parent Email: \_\_\_\_\_

Able to Drive/Chaperone?  Yes  No  Contact me if needed Other Comments: \_\_\_\_\_

**Type of Event: Mission work for the homeless Date: Wednesday August 15, 2018**

**Location: Minneapolis, Gichitwaa Kateri Parish Time: 9:00am to 9:00pm**

**Cost: \$10 -Due upon registration -Checks written out to St. Tim's Church -Assistance available**

**Registration Due: Friday August 10, 2018 Meet and pick-up: St. Tim's parking lot**

EMERGENCY MEDICAL TREATMENT - In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, and you are unable to reach me at the above numbers, please contact:

Emergency Contact Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_ Relationship \_\_\_\_\_

**HEALTH INFORMATION**

Allergies (drug, food, other) \_\_\_\_\_

Medication my child is taking currently \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Doctor / Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_

**I warrant** that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Timothy from any claims or law suits brought 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 in defense of such a claim/suit.

**I agree** that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Church of St. Timothy while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

**I, \_\_\_\_\_ (Parent or Guardian) give permission for \_\_\_\_\_ (Child) to participate in the event described above if under 18. I agree to the statements as listed above.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Office Use Only** Received: \_\_\_\_/\_\_\_\_/2018 Payment: \_\_\_\_\_ Notes: \_\_\_\_\_