



Parent Authorization ~ **Glow In One** ~ for Youth in grades 8-12

Wednesday, April 4, 2018 6:30-8:30PM

Form Due Monday, April 2

Participant Name _____ Grade _____ Sex _____

Home Address _____ City: _____ State _____ ZIP: _____

Parent/Guardian Names _____ Participant's School: _____

Primary Phone _____ Secondary Phone _____ Parents's Email: _____

Type of Event: Glow in the Dark Mini-Golf **Location: 12579 Central Ave NE- Blaine**
Cost: \$10 (includes golf, pizza & pop) -Due upon registration -Checks made to St. Tim's Church
Date: Wednesday, April 4, 2018 **Time: 6:30-8:30PM**
Due: Mon. April 2, 2018 @ 4:00pm **Meet and pick-up: Directly at Glow in One**
Leader: Kristen Neuman **kneuman@churchofsttimothy.com** **(763) 784-1329**

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

Medication my child is taking currently _____

Allergies (drug, food, other) _____

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.

Parent/Guardian Signature: _____ Date: _____

Office Use Only Received: ____/____/2018 Payment: _____ Notes: _____