

**Please return fee & form
to the parish office by February 7**

**6-12th Grade Andes Ski Trip
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
Sts. Anne & Joachim Catholic Church**

Registration Fee – All options include Transportation and Lift Ticket.
\$55 Includes: Ski Rental
\$73 Includes: Snowboard Rental/Helmet & Ski Rental
***All snowboarders MUST wear a helmet!**
\$43 Includes: Snowboard & Helmet Rental – ONLY
\$36 Registration Fee if providing your own equipment

Participant's name: _____

Birth date: _____ Male/Female: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Cell phone: _____

Email Address: _____

I, _____ grant permission for my child, _____
(Parent or guardians name) (child's name)

to participate in the Andes Ski Trip that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and volunteers from Sts. Anne & Joachim. A brief description follows:

Type of event: Andes Ski Trip
Destination of event: Andes Tower Hills-Alexandria MN
Individual in charge: Susan Ripplinger
Date of event: Monday February 19, 2018
Mode of transportation: Bus

As a 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 Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment, and I agree to compensate Sts. Anne & Joachim and the Diocese of Fargo, its directors and agents, chaperons or representatives associated with the event for reasonable attorney's fee and expenses arising in connection therewith.

Signature: _____ Date: _____

(Parent/Guardian)

Participants Medical Information

Insurance Company: _____

Policy Number: _____

Dr. Name: _____ Phone: _____

Allergies: _____

Current Medication(s): _____

Reason for Taking: _____

Chronic Medical Problems: _____

Emergency Contact-If unable to reach Parent/Guardian

Name: _____

Relationship to Participant: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____

Photography: Photos will be taken during this event.

____ I give permission for my child's photo to be taken at this event. I understand that my child's photo may be made public to the parish through the bulletin, parish web-site or parish bulletin boards.

____ I do not wish for my child's photos to be made public.

Signature: _____ Date: _____