



The Catholic Area Faith Community of Jesus Our Living Water

Church of Our Lady of the Lakes, Spicer; Church of St. Patrick, Kandiyohi;

Church of St. Thomas More, Lake Lillian; Church of St. Mary, Willmar

Permission Slip

PARTICIPANT: _____ GRADE: _____

PARENT/LEGAL GUARDIAN: _____

PARENT ADDRESS: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

EMAIL: _____ (We use this email to contact you with additional information)

Will you help Chaperone this event? Yes No (We would love to have you join us!)

***If you are not a member of one of our churches please check here: I am a friend of _____**

PARENT/LEGAL GUARDIAN CONSENT: I, the above named parent/legal guardian of the above name participant, request that he/she be permitted to attend (Name of Event) _____ on (Date of Event) _____ with the Catholic Area Faith Community of Jesus Our Living Water. I agree and consent to have the staff members and chaperones, under whose auspices the evening is conducted, secure any emergency medical care or treatment that may be necessary for my child during the evening. I further assume all responsibility for the decisions, emergency care or treatment made by the above named youth. I hereby release and hold harmless the Diocese of New Ulm, the Catholic Area Faith Community of Jesus Our Living Water and its member parishes and their staff, and all volunteer leaders from any and all claims, losses, costs, damages or expenses from any accidents or occurrences causing injury or loss to any person or property during this activity or program.

PARENT/ GUARDIAN SIGNATURE: _____ DATE: _____

SPECIAL MEDICAL NEEDS OF PARTICIPANT

CODE OF CONDUCT

The following are a few simple rules all participants are expected to follow while participating in this event.

Please read and sign.

I will:

- treat all other persons with respect, not cause any intentional harm (physically, mentally, emotionally or spiritually) to any other person in any way.
- respect the property of others including all programs facilities and property.
- follow all appropriate instructions of all personnel aiding this event, including, but not limited to chaperones, support staff, transportation personnel and administration.
- not use, sell or transport tobacco, alcohol or any other controlled illegal substance. If medication is needed, my parent/legal guardian will inform the event coordinator and/or the appropriate staff before the event.

PARTICIPANT'S SIGNATURE _____ DATE: _____