HOLY APOSTLES YOUTH MINISTRY
16000 W. National Avenue
New Berlin, WI 53151
262-786-2035

PARENT/LEGAL GUARDIAN PERMISSION SLIP

(Youth Permission Slip)

_____

PARISH/SCHOOL: Holy Apostles Parish

DESIGNATED SUPERVISOR OF ACTIVITY: _____

ACTIVITY: _____

DESCRIPTION OF ACTIVITY: _____

DATE(S) AND TIME OF ACTIVITY: _____

METHOD OF TRANSPORTATION: _____

STUDENT COST (IF APPLICABLE): _____

I consent to the participation of my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL (understood to include The Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH/SCHOOL in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH/SCHOOL which relates to the above named ACTIVITY if the PARISH/SCHOOL is found not legally liable by the courts and prevails in the lawsuit. If the PARISH/SCHOOL is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply.

I certify that I have an understanding of this Agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in. I further understand that I had the opportunity to fully discuss this Agreement with a representative of the PARISH/SCHOOL to clarify any concerns or questions about the ACTIVITY or this Agreement that I may have had.

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Address Home Number Work Number

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____

Phone Number: _____

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified activity: _____

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