HAT DAZE COED VOLLEYBALL TOURNAMNET
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
(MUST BE COMPLETED BY PARENT PRIOR TO PLAYING IF UNDER 18)

Student/Participant Name_____

Date of Birth_____ **Sex**_____

Parent/Guardian Name_____

Home Address_____

Home Phone_____ **Cell Phone**_____

Date of Event **Saturday, June 16, 2018**

Type of Event **Hat Daze Co-Ed Volleyball Tournament**

Destination **Lake Sylvan Park (bottom of hill)**

Individual(s)/Teachers(s) in Charge **Lori Rangaard**

Estimated Time of Event **11:00am** **until** **6:00pm**

Mode of Transportation To & From Event **NA**

Team Cost (if applicable) **$50 per team**

I, _____, grant permission for _____
Parent or Guardian Name **Child Name**

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Peter's Church/St. Peter's School and the Diocese of New Ulm from any claims or law suits brought against St. Peter's Church/St. Peter's School /Diocese of New Ulm 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 St. Peter's Church/St. Peter's School and the Diocese in defense of such a claim/suit.

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

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present_____

Family Health Plan carrier number_____

Family Doctor_____ **Phone Number**_____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

_____ _____
Signature **Date**