

**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 15, 2019

Type of Event Hat Daze Co-Ed Volleyball Tournament

Destination Central Park

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

Estimated Time of Event 11:00am until 4:00pm

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