

7th – 12th Grade Boys Ice Fishing
STUDENT REGISTRATION
Church of St. Pius X - White Bear Lake, Minnesota
PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Type of Event: Boys Ice Fishing Date/Time: Saturday, January 27th from 3-8 pm
 Location: Bellaire Beach White Bear Lake
 (South Shore Blvd and Bellaire Ave) Dress for the weather – You will be outside when you are fishing! Food will be provided
 Group Leader: Jack Dorcey (651-239-7038) & Mark Haupt Deadline: Bring your permission forms with to the event
 Transportation: Meet at Bellaire Beach
Cost: Students 16 and over must have a fishing license (one day license are available online
<http://www.dnr.state.mn.us/licenses/fishing>) Please make sure you purchase on Saturday if you are using the 24 hour license!

Participant's Name: _____ Home Phone: _____
 Birth Date: ____/____/____ Gender: _____ Grade in School _____
 Parent/Guardian's Name _____
 Home Address: _____
 Alternate Phone: _____ E-mail: _____

I, _____, as parent or guardian, grant permission for my child, _____ 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 the above stated church and the Archdiocese of St. Paul/Minneapolis, and St. Pius X Catholic Church from any claims or law suits brought against stated church and the Archdiocese of St. Paul/Minneapolis 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 stated church and the Archdiocese of St. Paul/Minneapolis in defense of such a claim/law suit.

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 a hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone: _____

MEDICAL INFORMATION

Allergies: _____
 Medication my child is taking at present: _____
 Family Health Plan Carrier Number: _____
 Family Doctor: _____ Phone: _____

Photo and Name Release – Parent Authorization, Consent and Release

The undersigned parent/guardian hereby authorizes and consents that the Church/Faith Formation Program of St. Pius X be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child, _____, or for lawful purpose whatsoever, including photographic portraits, pictures, reproductions, made through any medium, including electronic media, and the undersigned parent guardian does hereby release the Church/Faith Formation Department of St. Pius X from any liability in connection with such use

Parent Signature: _____ Date: _____