

**7<sup>th</sup> – 12<sup>th</sup> 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: Friday, December 28th 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: \_\_\_\_\_