9th – 12th grade Christmas Party
STUDENT REGISTRATION
Church of St. Pius X - White Bear Lake, Minnesota
PARENT/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Type of Event:	Christmas Party	Date/Time:	Sunday, December 16th from 4-7 pm
Location:	Goodwill 4500 Centerville Rd, White Bear Lake, MN 55127 followed by Punch Pizza 1018 Hwy 96 E, White Bear Lake, MN 55110		
Group Leader:	Jack Dorcey & Josie Muntifering	Deadline:	Bring your permission forms with to Goodwill
Transportation	Meet at Goodwill/Pick up at Punch Pizza (participants will walk from the Goodwill to Punch Pizza)		**Cost: $15 ($10 for secret Santa shopping and $5 for pizza)**

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Participant's Name: ______________________________________ Home Phone: ____________________

Birth Date: _____/______/____ Gender: ______________ Grade in School ____________________

Parent/Guardian's Name ____

Home Address: ____

Alternate Phone: ___________________________ E-mail: ___________________________________

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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.

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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:_________________________________

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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:____________________________
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