

Saints, Inc.
FIELD TRIP PERMISSION SLIP



Participants Name (s): _____

Parent/Guardian's Name: _____

Type of Event: Waconia Beach

Coverage Period: June 6, 2009-August 30, 2009

Destination: Waconia

Mode of Transportation To and From Event: Bus Service

Cost: (bus) \$2.00 per child, per week

Ratio of Students to Chaperones: 7:1 or less. Lifeguard also on duty

I, _____, grant permission for _____
Parent or guardian's name Child (ren)'s Name

to participate in the above named activity and I warrant that my child (ren) is in good health. Inconsideration of my child (ren)'s participation, I agree to indemnify St. Joseph Parish and the Archdioceses of St. Paul/Minneapolis by myself, my child or others, which 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. Joseph Parish and Archdiocese 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 doctor or hospital. In the event of an emergency, if you are unable to reach me, contact:

Emergency Contact Phone Number

As parent or guardian. I agree to all of the above stated considerations and conditions.

**Parent/Guardian Signature Phone Number Date

**If a custodial agreement is in effect, the custodial parent must sign form.

Please provide: a swimsuit, cover-up, towel, water bottle, sandals and beach bag. You may also send: sunglasses, hat, a few sand/water toys, and life jacket.

Your child is responsible for all of the items they bring to the beach. Please label all materials!