



LAKE COUNTRY LIFE TEEN

PARENT/LEGAL GUARDIAN PERMISSION SLIP & INDEMNITY AGREEMENT

Please Print:

Form with fields for Name of CHILD/WARD, Date of Birth, Participant's Email, Participant's T-Shirt Size, and activity details like PARISH/SCHOOL, DESIGNATED SUPERVISOR OF ACTIVITY, etc.

I hereby consent to participation by my CHILD/WARD in the above named ACTIVITY. In consideration for my CHILD/WARD's participation, I agree to reimburse and indemnify the PARISH/SCHOOL...

I certify that I have an understanding of this agreement and any risks and hazards associated with the ACTIVITY described above that my CHILD/WARD will be participating in.

Form with fields for Parent/Legal Guardian Signature, Date, Address, City, Zip, Home Phone, Cell Phone, Family Doctor, Phone, Family Health Plan Carrier, Policy Number.

Does your CHILD/WARD take any medication, have any allergies, or any other health concerns we should be aware of? No Yes (Please List):

EMERGENCY MEDICAL TREATMENT: In the event of any emergency. I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment.

Form with fields for Name, Phone, Relationship to Child.

Please attach any personal/medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified ACTIVITY.

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program.

Direct questions to Catholic Mutual Group at: (262) 255-6906.

Parish-specific questions should be directed to Andrew Schueller at: (262) 367-3277