



Presented by  
the Youth Ministers  
of Districts 4 & 5

Hosted by  
St. Anthony  
on the Lake Parish

W280 N2101 Hwy. 55  
Pewaukee, WI 53072

# a day to connect for middle school youth

Experience different prayer (experiences) workshops. From music, labyrinth and much more

## 9am - Noon March 13, 2010

**DETAILS:** We will meet at St. Anthony's at 8:55am. If you need a ride or can give a ride mark it on the form

**TO REGISTER:** Return the form below to your parish Youth Minister by Thursday, March 4

### PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

CHILD/WARD \_\_\_\_\_ PARISH \_\_\_\_\_ GRADE \_\_\_\_\_

Check one:  will get dropped off and picked up at St. Anthony's  I need a ride!  we can drive others (see below)

**DATE & TIME OF ACTIVITY:** March 13, 2010, 9am-Noon  
**DESIGNATED SUPERVISOR OF ACTIVITY:** Debbie Olla

**DESCRIPTION OF ACTIVITY:** half-day prayer retreat experience  
**METHOD OF TRANSPORTATION:** arrange your own transportation

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 (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by PARISH in defending a lawsuit that I or my CHILD/WARD may bring against the PARISH which relates to the above named ACTIVITY if the PARISH is found not legally liable by the courts and prevails in the lawsuit. If the PARISH is found legally liable for injuries sustained by CHILD/WARD, this paragraph will not apply. 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. I further understand that I had the opportunity to fully discuss this agreement with a representative of the PARISH to clarify any concerns or questions about the ACTIVITY or this agreement that I may have had.

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_

cell # \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please furnish medical information about your CHILD/WARD which may be pertinent to his or her participation in the above identified ACTIVITY. Use the backside

This form has been prepared by and is required by the Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906

**Yes I can Drive. I can take \_\_\_\_\_ Call me!** Cell or day # \_\_\_\_\_  
**I have had the Safeguarding All God's Children (formerly known as Virtus) Training**  Yes  NO