

# PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name \_\_\_\_\_

(Please fill out a form for each participant)

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

St. John the Baptist Catholic School

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child Name

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 St. John the Baptist Catholic School and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the St. John the Baptist Catholic School /Archdiocese of Saint Paul and 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 the parish/school and the Archdiocese in defense of such a claim/suit.

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

## OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature Date

We are only accepting students 5 and up at this time

Will this child be five years or older by the first day of the program they are enrolling? \_\_\_\_\_

**June 21-25 (Vacation Bible School) 5 days**

Half Day 9am - 1pm \_\_\_\_\_ (\$100)

Full Day 9am - 3pm \_\_\_\_\_ (\$150)

Before Care 8am - 9am \_\_\_\_\_ (\$20)

After Care 3pm - 4pm \_\_\_\_\_ (\$20)

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**June 28- July 1st (STEM/Art/Games Camp: Imagination) 4 days**

Half Day 9am - 1pm \_\_\_\_\_ (\$80)

Full Day 9am - 3pm \_\_\_\_\_ (\$120)

Before Care 8am - 9am \_\_\_\_\_ (\$20)

After Care 3pm - 4pm \_\_\_\_\_ (\$20)

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**Week of July 6-9 (STEM/Art/Games Camp: Garden) 4 days**

Half Day 9am - 1pm \_\_\_\_\_ (\$80)

Full Day 9am - 3pm \_\_\_\_\_ (\$120)

Before Care 8am - 9am \_\_\_\_\_ (\$20)

After Care 3pm - 4pm \_\_\_\_\_ (\$20)

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**Week of July 12-15 (STEM/Art/Games Camp: Water) 4 days**

Half Day 9am - 1pm \_\_\_\_\_ (\$80)

Full Day 9am - 3pm \_\_\_\_\_ (\$120)

Before Care 8am - 9am \_\_\_\_\_ (\$20)

After Care 3pm - 4pm \_\_\_\_\_ (\$20)

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**Week of July 19-22 (STEM/Art/Games Camp: Farm) 4 days**

Half Day 9am - 1pm \_\_\_\_\_ (\$80)

Full Day 9am - 3pm \_\_\_\_\_ (\$120)

Before Care 8am - 9am \_\_\_\_\_ (\$20)

After Care 3pm - 4pm \_\_\_\_\_ (\$20)

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**Week of July 26-29 (STEM/Art/Games Camp: Insects) 4 days**

Half Day 9am - 1pm \_\_\_\_\_ (\$80)

Full Day 9am - 3pm \_\_\_\_\_ (\$120)

Before Care 8am - 9am \_\_\_\_\_ (\$20)

After Care 3pm - 4pm \_\_\_\_\_ (\$20)

Total Owed: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Check a payment option

Please bill me on Tads: \_\_\_\_\_

Check is included: \_\_\_\_\_