

**ST. JOHN THE BAPTIST  
2ND, 3RD, & 4TH GRADE  
CROSS COUNTRY CLUB**



2ND-4TH GRADE FAMILIES, PLEASE FILL THIS OUT AND RETURN TO THE SJB OFFICE IF YOU PLAN TO PARTICIPATE IN CROSS COUNTRY CLUB. MRS. SAUERESSIG AND MS. KLECKER WILL BE OUR COACHES.

**TIME** THURSDAYS 3:35PM - 4:35PM

**DATES:** SEPTEMBER 8, 15, 22, 29, OCTOBER 6,13

9/29 - FARMINGTON MEET

10/6 - BURNSVILLE MEET

**COST: \$35**

PLEASE COMPLETE SIGNUP ON THE BACKSIDE  
PARENTS ARE RESPONSIBLE FOR TRANSPORTATION TO AND FROM  
MEETS

Cross Country CLUB  
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant's name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian's name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

A brief description of the activity follows:

- Type of event: After school Cross Country Club.
- Date of event: Sept 8, 15, 22, 29. October 6, 13
- Destination of event: At the school, 9/29 and 10/6 Meets. Parents are responsible for transportation to and from meets.
- Student Cost: \$35 charged to your Tads account
- Individual in charge: Mrs. Saueressig and Ms. Klecker

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,  
Printed Parent or guardian's name Printed Child's name  
to participate in this parish/school activity.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. John the Baptist Catholic School, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees and is not related to communicable disease (see communicable disease release, hold harmless and indemnification agreement below).

Communicable Disease Release, Hold Harmless & Indemnification Agreement: I agree to hold Releasees harmless, release, defend, and indemnify Releasees for any communicable disease claim arising out of the above Event that is brought against Releasees by myself, participant, my family members, heirs, assigns, executors, and personal representatives. I understand and agree this communicable disease release, hold harmless, and indemnification agreement includes claims based on the actions, omissions, or negligence of participant, myself, and others, including, but not limited to the Releasees.

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

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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

Please list all emails you would like added to the communication for this club: