

**Diocese of Superior**  
**Permission Form for Minors with Indemnity Agreement and Emergency Contacts**

**Child Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female Male

Address: \_\_\_\_\_

Home parish name & city: \_\_\_\_\_

**Event Information**

Description of Event: **Catholics at the Capitol**  
**Monona Terrace Community and Convention Center, Madison WI**

Date of Event: **April 29-30, 2019 (4 pm Monday to 8 pm Tuesday)**

Transportation Method: **Bus**

Participant cost: **\$25**

Sponsored by: **Diocese of Superior Office of Catholic Formation**

Supervised by: **Chris Hurtubise and Parish Chaperones/Ministry Leaders**

Your permission is needed for your child to participate in the event listed above. Please return this signed form no later than \_\_\_\_\_ to (parish youth ministry coordinator) \_\_\_\_\_.

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parents' email address: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child's primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health system & location: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

**ATTACH A COPY OF INSURANCE CARD**

**A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ANY ALLERGES CAN BE LISTED THERE AS WELL. ASK THE EVENT ORGANIZER FOR THIS FORM.**

# *Code of Conduct*

## **Section A. Participant Authorization (Required of All Ages)**

- I understand and agree to cooperate with all regulations regarding behavior, health, special qualifications and age.
- I authorize an adult, in whose care I have been entrusted, to consent to X-ray examination, anesthetic, medical, surgical or dental diagnosis and treatment or hospital care, to be rendered to me under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act. If I am not a minor, I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to me pursuant to this authorization.
- I understand the general guidelines of behavior: I must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons, or sexual misconduct is tolerated.
- I agree to treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- I agree to respect the property of others, including all program facilities and property.
- I understand that I need to be on time for all check-ins and departure times.
- I will adhere to diocesan guidelines on modesty of dress and conduct.

I agree that if any of these terms are violated, the *Diocese of Superior* can send the participant home at the participant/guardian's expense.

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*Signature of Participant*

*Printed Name of Participant*

*Date*

## **Section B: Parent/Guardian Authorization** (Must be signed by the camper's parent/guardian if the camper is under the age of 18 on the first day of camp).

- I give full permission to this minor to participate in all activities, unless otherwise specified on the Health History Form.
- I give permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in events.
- I understand the general guidelines of behavior: the minor must respect and obey instructions of the adult(s) in charge and that no smoking, alcohol, illegal drugs, possession of weapons or sexual misconduct is tolerated. I will assume all transportation costs for this minor if problems occur during any event or activity.
- I have also read and consent to all the items printed in Section A of this form.

## **Section C: Authorized Rides** (Please check one or more of the following boxes as appropriate).

Only the following people may pick up the above named camper:

\_\_\_\_\_ Driver Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Driver Phone Number: \_\_\_\_\_  
\_\_\_\_\_ Driver Phone Number: \_\_\_\_\_

The following people may NOT pick up the above-named camper:

\_\_\_\_\_

By checking this box, I am authorizing anyone to pick up the above-named camper.

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*Signature of Parent/Legal Guardian*

*Printed Name of Parent/Legal Guardian*

*Date*