

LITTLE FLOWERS GIRLS CLUB®

GIRLS IN GRADES K - 5 * TUESDAYS * 3:00 - 4:15P

SPONSORED BY THE CATHOLIC PARISHES OF ST. ANTHONY'S, ELY & ST. PIUS X, BABBITT

HOSTED AT ST. ANTHONY'S — 231 E CAMP STREET, ELY

REGISTRATION FORM (ONE PER STUDENT)

PLEASE RETURN THIS FORM TO ST. ANTHONY'S BY OCTOBER 1

Student's Name: _____ Age: _____ Grade (Fall 2019): _____

Parent(s) Name(s): _____ Email: _____

Mailing Address: _____

Home Phone: _____ Mobile Phone: _____

☐ My Daughter will be walking with St. Anthony's
(If so, please fill out the permission slip below)

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter, ward, _____ is eligible to participate in a school/parish sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Diocese of Duluth and St. Anthony's/St. Pius X Parishes.

A brief description of the activity is as follows:

TYPE OF ACTIVITY: Elementary Faith Formation

DESCRIPTION OF ACTIVITY: Little Flowers Girls Club®

DATE AND TIME OF ACTIVITY: *Walking to St. Anthony's From Ely School:* Tuesdays, 2:50pm: 10/22/19, 11/12/19, 12/3/19, 1/14/20, 2/4/20, 3/17/20

METHOD OF TRANSPORTATION: Walking 4/7/20, 4/28/20

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the above named parish/school (understood to include the Diocese of Duluth) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found liable for the injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and the 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/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Guardian Legal Signature

Date

EMERGENCY MEDICAL TREATMENT: In the event of an 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: _____ Phone #: _____

Name & Relationship

Medical Insurance Company: _____ Policy #: _____

Please furnish medical information, special needs, or allergy information about your child/ward which may be pertinent to his or her participation in the above identified activity: _____

PHOTO RELEASE

I agree to allow my above named child to have their picture taken at this event and acknowledge that these photos maybe used in Parish based Social Media and/or Parish promotions & Parish advertising.

Parent/Guardian Legal Signature

Date