

St. Joseph Catholic Community
8701 36th Ave. N Hew Hope, MN 55427

Phone: 763-544-3352 (ext 138)

EFC 2024 Prayer Team and Extreme Team Permission Slip

Registration for Extreme Team and Prayer Team

Training Day: Saturday, May 11, 2024 9 am to Noon

Date of Camp: July 21-26, 2024

Location: Trinity Woods Camp and Retreat Center Trego, WI

Group Leaders: Larry Thomas

Mode of Transportation: Car pool

Cost of Event: \$525 until March 15; \$575 until May 1; \$625 until June 30

FAMILY NAME _____	
Address _____	City _____ State _____ Zip _____
Home Phone _____	
<u>Parent/Guardian #1:</u>	<u>Parent/Guardian #2:</u>
Name _____	Name _____
Email: _____	Email: _____
Phone: _____	Phone: _____
High School Youth Name: _____ Applying for: Prayer Team Extreme Team	
*if Extreme Team, are there any specific skills/roles of interest? _____	
Current Grade: 9 10 11 12 Gender: M F Date of Birth: ____/____/____	

I, the parent/guardian grant permission for my child, named above at top of form to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from Mary, Mother of the Church, St Michael's, St John the Baptist, St Mary of Lake, Pax Chrsi, St Joseph, St Edwards, Risen Savior, Sts Joaquin and Anne and St Gregory the Great.

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 ('participant'). I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand and agree that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Mary, Mother of the Church, St Michael's, St John the Baptist, St Mary of Lake, Pax Chrsi, St Joseph, St Edwards, Risen Savior, Sts Joaquin and Anne and St Gregory the Great, 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 claims, 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.

By signing this form I also 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.

By putting my Electronic Signature below, I acknowledge and agree this Electronic signature is the legally binding equivalent to my handwritten signature. The electronic signature has the same validity and meaning as my handwritten signature. By placing my Electronic signature below as guardian, I acknowledge and agree to the conditions above.

Signature _____ Date _____