



Catholic Schools Week Grades 1-8 Roller Skating Party Permission Form

Roller Garden ~ West Lake Street
Wednesday, February 3, 12:20-2:45

COST: \$4.00

(\$4.00 includes roller skate rental and entry; it is the same cost if you bring your own skates)
If you are renting roller blades from Roller Garden it is an additional \$3 payable at the Roller Garden.

IMPORTANT – BOTH SIDES OF THIS PERMISSION SLIP MUST BE COMPLETED!

Complete this form and Return by Friday, January 29th

I give permission for my child _____
to **WALK** to the St. Louis Park Roller Garden on West Lake Street, February 3 with Holy Family Academy students and teachers. We will leave Holy Family Academy at 12:20 p.m. and return at 2:45 p.m. I understand that my child's teacher will bring the **Emergency Information Form** that I gave to the school on this field trip. **If any information regarding my child's health or emergency information has changed since the time that I completed this Emergency Information Form in September, I have informed the school.**



_____ I have included \$4.00 (payable to Holy Family Academy)



_____ EMERGENCY PHONE NUMBER WHERE I CAN BE REACHED DURING THIS FIELD TRIP (students are unable to attend without this information)



_____ ALTERNATIVE EMERGENCY PHONE NUMBER DURING THE FIELD TRIP

**HOLY FAMILY ACADEMY FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Date of Event/Field Trip February 3, 2010 Type of Field Trip Rollerskating

Destination Roller Garden Roller Skating Rink

Individual(s)/Teacher(s) in Charge Student's Homeroom Teachers

Estimated Time of Departure 12:20 pm Return 2:45 pm

Mode of Transportation To & From Event walking

Student Cost (if applicable) \$4.00 (an additional \$3.00 for renting roller blades)

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 the Holy Family Academy School/Parish and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Holy Family Academy School/Parish/Archdiocese of St. Paul & 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