

HIGH SCHOOL CLUSTER **YOUTH GROUP**



High schoolers, bring your friends and join us for:

**Milwaukee Brewers
Baseball**

Thursday, May 25th

6:00-11:00pm

@ St. James

Join us for a fun night at a Brewers Game!

Cost is \$25.

We will leave from St. James @ 6:00pm and return to St. James @ 11:00pm.

Plenty of peanuts & snacks provided!

Friends are always welcome!

Questions?

Bryan Ramsey at ramseyb@archmil.org or 262-253-2915

Corinna Ramsey at ramseyc@archmil.org or 262-255-2035

Betsy Potter at PotterB@stmaryparish.net or 262-251-1154

Dave Baudry at baudryd@archmil.org or 262-781-6998



Milwaukee Brewers Game
Parent/Legal Guardian Permission Slip for and Indemnity Agreement

Name of Son/Daughter: _____

Hosting Parish: St James **City:** Menomonee Falls

Supervisor: Bryan Ramsey **Phone:** 262-253-2915 **Parish Joining:** Good Shepherd/St. Agnes/St. Mary

Destination: Miller Park **Date:** Thursday, May 25th, 2016

Mode of Transportation: Chaperone driven vehicles or bus

Arrival / Pickup Time: Depart from St. James at 6:00pm
Pick up from St. James at 11:00pm

Please Complete Form and Return by: May 21, 2017

Cost: \$25

**In consideration for my child/ward participation, I agree to reimburse and indemnify parishes for all reasonable legal and court fees incurred by parishes in defending a lawsuit that I or my child/ward may bring against parishes, which relates to the above named activity if is found not legally liable by the courts and prevails in the lawsuit. If the parishes are found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the parishes to clarify any concerns or questions about the activity or this agreement that I may have. As parent or guardian of the above named student, I give permission for my child to participate in the field trip described above.

****Photo & Video Release:** I hereby give my permission to the parishes for photographs and/or videos that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph/video for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

**In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____ City, State, Zip: _____

E-mail address(es): _____

Home Phone: _____ Other phone(s): _____

Parent/ Guardian's Signature: _____ **Date:** _____

If you are unable to reach me at the above numbers, contact:

Alternate Contact Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Name of Medical Insurance: _____ Policy #: _____

Pertinent Medical Conditions: _____

Inhaler/Epi-Pen Only: My child may _____ or may not _____ carry and self-administer.

Food Allergies? No Yes If so, what are you allergic to? _____

_____ **Yes, I am available to chaperone.**

Name of Chaperone: _____

Contact information: (if different) _____