

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR CAMP GORETTI/FRASSATI

Camper Name _____

Date of Birth _____ Sex _____

Parent/ Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Date of Event (circle date that applies): July 6-10, 1-4pm or July 20-24, 1-4pm

Location of Event: Chesterton Academy

Individual(s) in Charge Student counselors; Chesterton Academy staff

Mode of Transportation To & From Event: parents

Student Cost (if applicable) \$75.00

I, _____ grant permission for _____
Parent or Guardian Name Camper 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 Camp Goretti/Frassati from any claims or lawsuits brought against Camp Goretti/Frassati by myself, my child or others, that arise 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 school 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 the above stated considerations and conditions.

Signature

Date