



SPY
Slam

We will be going to Grand Slam in Burnsville for Laser Tag, batting cages, arcade, crazy cars, and mini golf

Cost: \$ 12.00

includes admission, (unlimited Laser Tag, Crazy Kars and mini golf) transportation.
Bring additional money for concessions, arcade and batting cages

Friday, April 13

7:30 to 11:00 PM

* meet in St. Patrick's lower parking Lot

Bring your friends! We need at least 10 students.

You do not need to be a member of St. Patrick's Church to attend.

Deadline to sign up with completed consent form and

payment is **Friday, April 6**

Forms and payment can be returned to the parish office.

Questions? Contact Bryan Collins at 651-621-1562 or
bcollins@churchofstpatrick.com



PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Participant Name _____

Date of Birth _____ M or F (please circle) Grade 2017/18 _____ School _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email (for announcements prior to event) _____

Date of Event: April 13, 2018 Type of Field Trip: SPY Event
Destination: Grand Slam in Eagan
Individual(s)/Teacher(s) in Charge: Bryan Collins
Time of Event: 7:30 PM to 11:00 PM **Student Cost: \$12.00**

Yes I would like to help
 Yes I have filled out a background check form at St. Patrick's No I have not filled out a back ground check form at St. Patrick's
 No I am not able to help

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 Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Patrick/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. We occasionally take pictures at our events. These pictures will be only used within St. Patrick's parish for the use of informing the parish about our events. If you do not wish for your child to be in these pictures please notify the youth minister.

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

Required MEDICAL INFORMATION:

Medication my child is taking at present _____ Allergies _____

Other Medical Conditions _____ Family Health Plan & number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date