

# 2018 WINTER SUMMIT



Saturday, January 6, 2018; 6:00 pm – 11:30 pm

At OLP for 7th - 12th graders

Admission: \$5.00

**FOOD! GAMES! AWESOME ADORATION!**

**PARENTAL AUTHORIZATION for – Our Lady of the Prairie – P.R.E.P.**

Type of event: **Winter Summit** DEADLINE: Wednesday, January 3, 2018

Date(s) of event **Sat, January 6, 2018** Location of event: **Our Lady of the Prairie Catholic Church**

Start Time **6:00 pm**

End Time **11:30 pm**

Transportation: **N/A** Cost: **\$5.00** Chaperones: **PREP Coordinators**

Name of Student \_\_\_\_\_ M / F Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parents Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Family Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

**Emergency Contacts:** If you are unable to reach me or our family doctor stated above, please contact:

Name and Relationship \_\_\_\_\_

Home Phone( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone( \_\_\_\_\_ ) \_\_\_\_\_

**Medical Information** I hereby state that my son/daughter is in good health and can participate in all activities in this event except as stated below.

Activities Student Should Not Participate In \_\_\_\_\_

Medications and Instructions \_\_\_\_\_

Allergies \_\_\_\_\_

Past Surgeries and/or Major Illnesses \_\_\_\_\_

Any Other Special Circumstances \_\_\_\_\_

I hereby AUTHORIZE any emergency treatment of my son/daughter that must be administered before I can be contacted. I wish to be advised as soon as possible of such treatment. I otherwise wish to be advised of any proposed medical treatment of my child prior to such treatment.

**RELEASE** I agree on behalf, my son/daughter, our heirs, successors and assigns, to release, absolve, indemnify, hold harmless and defend Our Lady of the Prairie Parish, Our Lady of the Prairie Youth Ministry, its officers, directors and agents and the Archdiocese of Minneapolis and St. Paul, the chaperones, and the organizers of this event from any injury to, illness of, or cost of medical treatment for my son/daughter arising in connection with this event. I recognize that this event involves an element of risk incidental to such event and on behalf of myself and my son/daughter I hereby assume all such risk. I further recognize there is no medical insurance provided by the parish or the archdiocese.

I \_\_\_\_\_, grant PERMISSION for my son(s)/daughter(s)

Parent or Guardian

\_\_\_\_\_ to participate in this Our Lady of the Prairie Youth

Ministry Event. Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian