



PARENT PERMISSION FORM & LIABILITY WAIVER Summer Care 2017 Field Trips/Activities

I _____ have read and consent to the liability waiver information on the
(Parent/Guardian printed name)
back of this form, and give my permission for my child _____ to participate
(child's printed name)
in all of the below selected off-site events (please mark which trips your student has permission to attend):

Grades PS-KG

- May 31st, 12pm-2pm Skate City
- June 7th, 10am-12pm Tennis
- June 15th, 12:30pm-2:30pm Thunder Road
- June 21st, 1pm-3pm Midco Aquatic Center
- June 27th, 9am-11am Empire Bowl
- July 13th, 9am-11am Great Plains Zoo
- July 26th, 1pm-3pm Drake Springs
- August 1st, 1pm-3pm Spray Park

Grades 1st-6th

- May 30th, 12pm-2pm Skate City
- June 6th, 10am-12pm Tennis
- June 14th, 12:30pm-2:30pm Thunder Road
- June 20th, 1pm-3pm Midco Aquatic Center
- June 28th, 9am-11am Empire Bowl
- July 12th, 9am-11am Great Plains Zoo
- July 19th, 9am-11am Iceplex
- July 25th, 1pm-3pm Drake Springs
- August 3rd, 1pm-3pm Terrace Park

(All field trips are weather permitting. If dates and/or times need to be changed for any reason that will be communicated.)

- Yes No - My child has permission to go swimming with the Summer Care Group
- Yes No - My child has permission to use the large water slide at the pool and drop off slides at Terrace Park
- Yes No - My child has permission to use the 2 smaller water slides at the pool
- Yes No - My child has permission to watch a PG movie (*provided movies enhance themes each week*)
- Yes No - My child has permission to go off-site the Holy Spirit Campus to locations within walking distance such as the park, library, fire station, or Prince of Peace
- Yes No - I give SFCS permission to use photographs or video involving my child. These may appear in various publications/presentations such as power points, brochures, the SFCS web site, or newsletters

- A. *He/she is in good health and has not had any serious illness, operation, or change in his/her general health status since his/her last health examination OR*
- B. *He/she has had the following change in his/her health status since his/her last health examination (please indicate if this change creates any limitations relevant to any trips/activities):* _____

Health Plan Carrier: _____ Policy #: _____

During the trips/activities, I may be reached at _____
(location) (phone #)

If I cannot be reached in the event of an emergency, please contact the following person:

Name: _____ Relationship to Student: _____ Phone: _____

(Parent/Guardian Signature)

(Date)

Please complete and return this form to Mrs. Claussen by May 22nd, 2017.

Parent/Guardian Consent Form & Liability Waiver for Field Trips/Activities

I grant permission for my child to participate in the event detailed on this form that requires transportation away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from the school listed above. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child, the named minor (participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Sioux Falls Catholic Schools Corporation, its officers, directors, employees and agents, and the Catholic Diocese of Sioux Falls, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child's participation or attendance at the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Sioux Falls Catholic Schools Corporation, its officers, directors and agents, and the Catholic Diocese of Sioux Falls, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers provided, refer to the listed emergency contact information included.
