



PARENT PERMISSION FORM & LIABILITY WAIVER

Summer Care 2018 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 23rd, 8:30am-11am Heuther Tennis
- May 30th, 8:30am-11am Bowling
- June 5th, 9:30am-12:30pm Stensland Dairy
- June 13th, 12pm-3pm Skate City
- June 19th/20th*, 9:15am-12pm Midco Aquatic Center
- June 27th, 8:30am-11:30am Outdoor Campus
- July 19th, 8:30am-11:30am Great Plains Zoo
- July 24th/25th*, 12:30pm-3:30pm Terrace Park
- August 1st, 12pm-2:30pm Thunder Road
- August 7th/8th*, 12:30pm-3:30pm Drake Springs

Grades 1st-6th

- May 24th, 8:30am-11am Heuther Tennis
- May 31st, 8:30am-11am Bowling
- June 6th, 9:30am-12:30pm Stensland Dairy
- June 14th, 12pm-3pm Skate City
- June 19th/20th*, 9:15am-12pm Midco Aquatic Center
- June 26th, 8:30am-11:30am Old Courthouse Museum
- June 28th, 8:30am-11:30am Outdoor Campus
- July 11th, 8:45am-11:15am Iceplex
- July 18th, 8:30am-11:30am Great Plains Zoo
- July 24th/25th*, 12:30pm-3:30pm Terrace Park
- August 2nd, 12pm-2:30pm Thunder Road
- August 7th/8th*, 12:30pm-3:30pm Drake Springs

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

The field trips with two dates are dependent on numbers. The group that will go on that date will be decided as the trip dates get closer and it will be communicated then.

- 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 pools and drop off slides at Terrace Park
- Yes No - My child has permission to use the diving boards at the Midco Aquatic Center and Drake Springs
- Yes No - My child has permission to use the smaller water slides at the pools
- 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)

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.