

PARENT / LEGAL GUARDIAN PERMISSION SLIP 6153(b)
AND INDEMNITY AGREEMENT

PLEASE RETURN BY: _____

Child / Ward: _____ Grade _____

Parish / School: St. Paul Catholic School / Parish

Designated Supervisor of Activity: Paula Crain, Julie Groninger, Lora Migliaccio

Activity: Rec Nights at St. Paul Gym (Open Gym, Crafts, Video Games, etc.)

Date(s) and time of activity: Saturday evenings 6:00 PM – 9:00 PM, as scheduled

Method of transportation: N/A

Student cost (if applicable): \$10.00 for 1st child, \$8.00 for each sibling, \$5.00 per child if parent helps chaperone event; pay at the door

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guarding Signature

Date

Address

_____/_____
Home phone/ Work phone

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical 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 above numbers, contact:

Name: _____

Phone Number: _____

Please furnish medical information about your child/ward, which may be pertinent to his or her participation in the above-identified activity: _____

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 255-6906. 6153(b)

Archdiocese of Milwaukee

RULES FOR MIDDLE SCHOOL REC NIGHTS ST. PAUL SCHOOL – AT HWYS. 83 AND D

1. Have Fun!
2. Absolutely no students are allowed in the Gym Equipment Room.
3. No throwing basketballs or volleyballs at anyone. No sitting on any tables.
4. No running in the hallways or Galleria; however, running in the Gym is ok.
5. No squirting anyone with water from the plastic water bottles or we will switch to the St. Paul tap water (and you know how that tastes).
6. Please treat all property as you would your own. PARENTS WILL BE RESPONSIBLE TO PAY FOR ANY DAMAGES INCURRED BY THEIR CHILD to any parish property at all and/or to the Guitar Hero or to the Karaoke machine.
7. All students must stay in the Gym, Galleria or the hallway between the Gym and school. No one is allowed outside during rec night. No one is allowed in the stairwells or downstairs. No one is allowed in the elevator.
8. **Parents can drop their children off (if signed forms are already on file), but MUST ENTER THE BUILDING TO SIGN THEIR CHILDREN OUT AT PICK UP TIME.**
9. Please treat others as Jesus would. If a student is accidentally bumped into in the Gym, a “sorry” and an extended hand to help them up is encouraged.
10. Please include others; bullying will not be tolerated.
11. Introduce yourself to any new students and welcome them.
12. Please eat and drink at the tables near the concessions – no eating or drinking in the Gym or Galleria or movie area.
13. **PARTICIPATION AT MIDDLE SCHOOL REC NIGHT IS A PRIVELEGE. ANYONE BREAKING THE RULES: YOUR PARENT MAY BE CALLED TO COME AND PICK YOU UP FROM THE REC NIGHT OR YOU MAY BE EXCLUDED FROM THE NEXT REC NIGHT OR FROM THE REMAINDER OF THE CURRENT SCHOOL YEAR REC NIGHTS - DEPENDING ON THE SEVERITY OF THE OFFENSE.**
14. Parents are encouraged to chaperone at at least one Middle School Rec Night. Ten to fifteen chaperones are needed at each rec night to keep it a fun and safe event.

I have read the rules for the Middle School Rec Nights.
I understand the rules and agree to follow the rules:

Student Signature

Parent Signature

Print Student Name

Date Signed

Emergency Phone Number

Parents: Please talk to your children concerning the above rules. We want all children to participate and to have fun. The goal is to schedule several rec nights per school year. Please call Anne Brockel at 392-3533 if you can chaperone or have any concerns.