

Summer Service

Middle School (Leaving 5th Grade through Leaving 7th Grade)

July 12th — Mary's Place and Edina Aquatic Center — 8:45am-5:00pm

Cost: \$30 (includes lunch, transportation, and admission)

Household Information

Parent/Guardian Name(s) _____

Address: _____

City, Zip: _____

Primary Email: _____ Primary Telephone: _____

Emergency Contact Name: _____ Phone: _____

Please Read: The Edina Aquatic Center contains pools and attractions that involve deep water. There is a dryland playground as well as some shallower pool areas for weaker swimmers. There are lifeguards on duty, but I would like to identify anyone coming who is not a strong deep-water swimmer (Able to swim 10+ yards in 6+ feet of water). Anyone is allowed to come regardless of swimming abilities, but we would like to know so we are able to supervise accordingly.

My child is a strong deep-water swimmer: Yes No

Child Information

Name: _____ Age _____ M ___ F ___ Grade Leaving: 5th 6th 7th

I give permission for pictures and videos of my child to be used by OLP on their website, newsletters, bulletin boards, and/or other publications for parish and program promotion and information.

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:

Signature _____ Phone _____

MEDICAL INFORMATION: (Please staple additional page if you need additional space.)

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier/number (optional) _____

Family Doctor (optional) _____ Phone (optional) _____

Parental Consent and Indemnity Agreement

I, _____, grant permission for _____

to participate in the above named activities and I warrant that my child is in good health. In consideration of my child's/children's participation, I agree to indemnify Our Lady of Peace and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against Our Lady of Peace / Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the events/activities described above. I also agree to pay reasonable attorney's fees or expenses incurred by Our Lady of Peace and the Archdiocese in defense of such a claim/suit.

Signature _____ Date _____