



1801 W Broadway Ave.
St. Peter, MN 56082
507.931.2810
johnirelandschool.org

FIELD TRIP PERMISSION FORM
Roller Skating During PE Classes

Date	December 1-10, 2021
Time	During Regular PE Classes
Location	John Ireland School Gym
Cost	<input type="checkbox"/> \$5 per student <input type="checkbox"/> Donation to help pay for another student \$ _____ <input type="checkbox"/> Attached payment (cash or check) <input type="checkbox"/> Please charge my TADS account
Other	Students should bring helmets. Students should not bring their own roller skates or roller blades. Wrist guards are provided.

Please return this permission form by **Tuesday, November 23, 2021**

Student/Participant Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

I, _____, grant permission for _____,
(Print Parent's or Guardian's Name) (Print Child's Name)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Diocese of New Ulm from any claims or lawsuits brought against the parish/school/Diocese of New Ulm by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

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:

Emergency Contact Name _____ Phone number _____

As a Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date