

**Diocese of Superior**  
**Permission Form for Minors with Indemnity Agreement and Emergency Contacts**

**Child Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Female Male  
Address: \_\_\_\_\_  
Home parish name & city: \_\_\_\_\_

**Event Information**

Description of Event: Summer Youth Night  
Date of Event: Wednesday, August 20, 2025 Begin time: 6:30 PM End time: 8:30 PM  
Transportation Method: parents drop off & pick up at church  
Participant cost: \$5 for pizza  
Sponsored by: Saint Patrick Parish, Hudson, WI  
Supervised by: Antoinette Kaiser, Brigitta Kaiser

Your permission is needed for your child to participate in the event listed above. Please return this signed form no later than \_\_\_\_\_ to Antoinette Kaiser | akaiser@stpatrickofhudson.org.

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Phone numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parents' email address: \_\_\_\_\_

**EMERGENCY CONTACTS**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone – Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child's primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health system & location: \_\_\_\_\_  
Health insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

**A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.**