



# ST. CHARLES BORROMEO CATHOLIC SCHOOL

## St. Charles Chess Club Participation Permission Slip

### EVENT DETAILS

Location of Event St. Charles Borromeo School

Dates & Time of Event Saturdays in November 5, 12, 19 from 9:30 – 11:00AM  
Saturdays in December 3, 17 from 9:30 – 11:00AM  
Saturdays in January 7, 21 from 11:30AM – 1:00PM

Grades Participating Grades 3-8

Individual in Charge Mr. Michael Towle

Tournament Date: December 10 (Additional fee to register)

### FAMILY INFORMATION

Student/Participant \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Best Phone #s to Reach You During This Event: \_\_\_\_\_, \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
Parent or Guardian's Name Student/Participant's Name

to participate in the St. Charles Floor Chess Club 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 Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis 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 Archdiocese in defense of such a claim/law suit.

### 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 a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers,

Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### OPTIONAL MEDICAL INFORMATION

Medication my child is taking at present \_\_\_\_\_

Health conditions my child has \_\_\_\_\_