

SACRED HEART SCHOOL

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EXTRACURRICULAR ACTIVITY PERMISSION SLIP & INDEMNITY AGREEMENT

I give _____ permission to participate in the activity listed below.

ACTIVITY: _____

MEETS ON: (Day(s) of the week): _____

PERSON(S) IN CHARGE: _____

FEE: _____

I would like my child/ward to participate in this school/church-sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify Sacred Heart School/Church, the Catholic Youth Organization of the Diocese of Providence, and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless Sacred Heart School/Church, Catholic Youth Organization of the Diocese of Providence, and the Roman Catholic Bishop of Providence against any claim or cause of action whatsoever brought against Sacred Heart School/Church, the Catholic Youth Organization of the Diocese of Providence, and the Roman Catholic Bishop of Providence which took place during the above-identified activity, which is related to that activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

EMERGENCY MEDICAL TREATMENT: In the event of any 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 (home/mobile)

Name Phone Number (home/mobile)

Name Phone Number (home/mobile)

I hereby consent to participation by my above-named child/ward in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of Saint Joseph School/Parish to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent/Legal Guardian Signature Best Phone Number

Student Signature Date

Mission Statement

Sacred Heart School lives the Guanellian family spirit of charity by embracing all students with respect and esteem. Recognizing Christ in each person, we provide a distinctly Catholic education that empowers students with knowledge and skills to succeed in life. Through a caring environment, we foster the God-given gifts and abilities of our students, so as to prepare them to contribute positively in the Church and society.